PRINTED: 06/26/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445157	B. WING _			C /16/2015	
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		10/2015	
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F 000	36058, 34447, 35335 conducted on June 3-Hughes Health Centerelation to the complate 34423 under 42 CFR for Long Term Care F and 36508 were subsideficiencies cited. Consubstantiated. The facility was cited Care for the failure to provide residents with necessary in order to 483.10(b)(11) NOTIFY (INJURY/DECLINE/R). A facility must immediate consult with the reside known, notify the resident involving the injury and has the pot intervention; a significantly in extremely significantly (i.e., a neexisting form of treatment); or a decisit the resident from the fights 12(a). The facility must also	investigation of #35544, , 34423 and 36508, 16, 2015, at Claiborne and r, deficiencies were cited in ints #35544, 36058, and PART 483, Requirements acilities. Complaints #34447 tantiated with no implaint # 35335 was not at a Substandard Quality of provide adequate staffing to inthe Activities of Daily Living ineet the resident's needs. If OF CHANGES OOM, ETC) ately inform the resident; and if ident's legal representative in member when there is an iresident which results in inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician ant change in the resident's inential for requiring physician and resident's inential for requ	F 1	Below is the Plan of Correction Complaint Survey completed a and Hughes Health Center on Responses do not reflect guilt, facility's solutions to areas ider Survey Team. F157 The facility will imme the resident, consult with the notify the resident's responsible there is an accident involving the which results in injury and has requiring physician interventions ignificant change in resident's status in either life threatening clinical complications. Corrective Action Nursing per reviewed the occurrence report on resident #11 and contacted assure notification had occurrence acknowledge awareness and in personnel involved were educationable involved were educationable family for incidents which result and documenting that notificate made. Method of Correction for all Residents in the service of these standing of will be placed in nursing documente on these standing of will be placed in nursing documente on these standing of will be placed in nursing documente on these standing of will be placed in nurses stationate on the service of these standing of will be placed in nursing documente on the service of these standing of will be placed in nurses stationate of the service of these standing of will be placed in nurses stationate of the service of these standing of will be placed in nurses stationate of the service of the service of these standing of will be placed in nurses stationate of the service of the ser	dictalborne 6/16/15. but offer intified by the diately inform physician and re party when the resident repotential for ins, a rephysical reconditions or resonnel reconditions or resonnel recompleted difficulty to red. Family residents residents resonnel recompleted difficulty to red. Family residents resonnel recompleted difficulty to red. Family residents resonnel recompleted difficulty residents		
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

7/8/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	change in room or rospecified in §483.15(resident rights under regulations as specifithis section. The facility must record the address and phore legal representative of the facility political review, observation, a failed to notify the phylogal representative of the facility political family and includes skin teat "family/ Md [Medical record review admitted to the facility including Dementia we history of Falls, Dyspon Depression, Congest Diabetes Mellitus. Medical record review Data Set dated 3/10/	nember when there is a commate assignment as (e)(2); or a change in Federal or State law or ed in paragraph (b)(1) of ord and periodically update the number of the resident's for interested family member. The is not met as evidenced or expressed in incident involving injury of 17 reviewed. It: Dilicy Fall Committee Protocol ars), undated, revealed all Doctor] have been or every all of 18 and 18	F		F157 continued hire nurses will be educated on nursing document notebook contents during orientation. Nurse Management will review all occurrence reports within 24 hours of occurrence and will check all for proped documentation of incidents including notification of family and physician. No occurrence report form provides for si off that notification has been done and documented. Occurrence Review come (ORC) will conduct a second check at weekly meetings where incidents are reviewed. OAPI and monitoring DON or design will review occurrence reports and the Medical Record of resident involved w for compliance. Audit developed will be that shows resident name/date of incident/type of incident/is it unknown origin/ family and physician notified/documentation completed in Medical Rany non compliant nurses will be cour and educated. Monitoring will continue weekly until 90% compliance is maint and will then be monitored monthly to assure continued compliance. Compliance indings will be brought to the QAPI remeeting and reviewed along with suggrecommendations or need for further education.	er ew gning d mittee nee eekly e kept n Record. nseled e ained o ance egular	

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F 157	Observation on 6/4/18 Resident #11 was sea hallway outside her rerevealed a healing sk forearm that was halfedema and bruising. Medical record review 5/1/15 to 6/4/15 reveated fine skin tear to right Medical record review Summary dated 6/3/1 documentation of a sk Medical record review 5/1/15 to 6/4/15 reveated physician or the fainjury. Interview with License on 6/4/15 at 4:10 PM nurses station, when skin tear stated, "the treatment" Continue when the injury occur a week ago" 483.13(c) PROHIBIT MISTREATMENT/NE The facility must developlicies and procedur	at 1:09 PM revealed ated in a geriatric chair in the com. Continued observation in tear on the resident's right remoon shaped, red with of Physician's Orders from aled no orders for treatment at forearm. If of a Monthly Nursing is revealed no kin tear to right forearm. If of nursing notes from aled no documentation that amily were notified of the art the 2nd floor West asked about the resident's ere's no order for ed interview, when asked ared, LPN #4 stated, "about and implement written ares that prohibit the and abuse of residents	F 15	F157 continued Completion Dates Incident with Resid 11 reviewed and family notified. 06/1 Nurses educated on physician and fam notification and on skin tear standing of 07/10/15 Tool for compliance monitoring develor for utilization 06/29/15 F224 The facility will develop and implement policies and procedures that prohibit mistreatment, neglect and above observations of residents 8/11/15/17 or reviewed to determine staff needing counseling/guidance or training of residents and documented education was provided on resident needs and neglect form of abuse. Issues of focus were to it times and assistance needed during to ileting. Residents have been identified who are in need of assist in toileting a staff will have available updated list of toileting needs. The list will be updated needed by MDS nurse. Nursing Administration reviews staffing coverage daily and will assure resident needs are met for toileting throughout	9/15 hilly orders. ped ht use of ling were leting leting hid hid as	

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F 224	This REQUIREMENT by: Based on facility polireview, observation, a failed to prevent neglincontinence care for of 17 residents review. The findings included Review of the undate Prevention/Reporting resident has the right mistreatment, neglect documented "Neglige for resident in a mann professional standard. Review of the facility documented "It is the assist in the answer manner" Further revibe alerted when the coto respond within 5-7 If a staff member who personnel and the receive staff member's respersonnel to answer the staff member on that hall the can be answered"	cy review, medical record and interview, the facility ect by providing 4 (Resident #8, 11, 15, 17) and facility policy "Abuse "" documented "Every to be free from "" Further review nce: Failing to properly care her conducive to s." coolicy "Resident Call Lights" he policyfor all employees ring of call lights in a timely riew documented "Staff to all lights soundand work minutes whenever possible. responds is not a nursing quest is nursing related, it is sponsibility to find a nursing the concern and follow up to added, when CNT [Certified Nurse go on break, they must	F.2	day by assigning a hall monitor marandom checks on residents listed a toileting needs. Monitor will utilize audit tool developed and provide fir Nurse Management after each rounded the Management after each rounded and assignment and selected standard the monitor and the provided an updated list each montresidents and their level of assistant toileting. Nursing Administration reviews staff coverage daily and will assure residents are met for toileting through day by assigning a hall monitor mal random checks on residents listed a toileting needs. As issues are found reported, staff will be counseled and educated on their lack of care and wasked to provide assurance of care personally to the resident and their locations will review ADL document toileting to ensure proper adherence incontinence care weekly until compathreshold is reached and then monitorily will be at least monthly to assure cocompliance.	s having QAPI adings to d. ts aff toileting stance is n of ce in fing ent out the sing or d will be family. ation on e of ce oring coring enter to the ce of ce oring coring coring to the coring to the ce of coring to the coring to the ce oring to the coring to the ce oring to the ce or the ce		

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Medical record review Data Set (MDS) dated Resident #8 was seve Continued review revenon-ambulatory, was the transfers, hygiene, but always incontinent of the Medical record review 10/2014 and updated resident was incontined Continued review revewill be kept clean and and interventions "prochange briefs as need care plan revealed the skin impairment due to of "keep clean and do"check frequently for" Observation of Reside 7:40-8:39 AM, reveale 1st floor dining room for observation at 9:00 AM was seated in a geriat from the 1 West nurse observation at 10:45 Am seated in the geriatric during an activity. Con resident revealed she room at 11:50 AM. Furthe resident was in the	Right Hip Fracture, Brain Mass, and Aortic of a Quarterly Minimum 12/14/14 documented rely cognitively impaired. Falled the resident was fotally dependent for thing and dressing and was fowel and bladder. of the care plan dated 3/21/15 revealed the first of bowel and bladder. Further review date", rovide incontinent care and fed" Further review of the for incontinence with a goal for episodes of incontinence and #8 on 6/15/15 at first the resident was in the for breakfast. Further M, revealed the resident ric chair in the hall across	F		The monitoring tool use on random at to view compliance for incontinence of will include resident name, room number and time of day, resident oriental comments from resident and if residently. Audits will be conducted weekly designee of DON. Compliance will be when 90% report toileting needs have addressed. Findings/recommendation be shared with the QAPI committee fourther monitoring. Monitoring will be by Nurse Management or their design that the provided a supdated list each month by Nurse Management of residents and their leassistance in toileting. It is of toileting needs. These lists will be used as a part of the conducted weekly. Completion Date Resident lists reviewed and updated toileting needs 7/10/15 Staff educated on abuse/neglect of residents with examples provided 07/14/15 Audit tool developed and utilized 7/7	care nber, tion, ent is by met e been as will for e done nee. evel of e audit	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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F 224	resident was in the Further observation remained in the dini Interview with Certif #15 on 6/15/15 at 4: room 115, revealed PM. CNA #15 stated Resident #8 for incorrevealed the resider room through supper in the hall until she winterview revealed the for incontinence and to bed. Continued in had last been check staff on the previous to the resident's care Interview with Licenson 6/16/15 at 7:20 A revealed he had been Resident #8 on the 6/15/15. Continued resident was checked the morning of 6/15/15 during his shift. Conthe facility neglected for the resident. Interview and observed for the resident was out of chair before she care Continued interview.	at 2:30 PM, revealed the dining room for activities. revealed the resident ng room at 4:15 PM. ied Nurse Assistant (CNA) ied SPM, in the hall outside she had come on duty at 3:00 d she had not yet checked ontinence. Continued interview nt would remain in the dining er and after that she would sit was ready for bed. Continued the resident would be checked d changed when she was put interview revealed the resident ted for incontinence by the shift who had been assigned	F 2	24		

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F 224	hours. CNA #1 was the resident for incontine. CNA #1 transferred R Continued observation incontinent brief was with CNA #1 confirmed to provide incontinent. Medical record review admitted to the facility including Dementia we History of Falls, Dysp Depression, Congestion Diabetes Mellitus. Medical record review dated 3/10/15 docum severely cognitively in assistance with Activity always incontinent of Medical record review 6/18/14 documented impaired" included in "check frequently for incontinence" Observation of Reside PM and at 4:22 PM, a geriatric chair, facing doorway. Continued or resident had dried for pants, and her hair was CNA #16 to check the	nen asked to check the nce. Observation revealed desident #8 to the bed. In revealed the resident's wet from urine. Interview ed the facility had neglected be care to Resident #8. It revealed Resident #11 was to on 6/5/14 with diagnoses ith Behavioral Disturbances, hagia, Muscle Weakness, ive Heart Failure and to of the Quarterly MDS ented Resident #11 was inpaired, and required total ties of Daily Living and was bladder and bowel. If of a care plan dated "at risk for skin to become interventions including in episodes of the 2nd floor dining room observation revealed the od and stains on her top and as uncombed. In of Resident #11 on offer surveyor requested the resident for incontinence taken to her room, revealed	F 2	24		

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F 224	contained a small am observation revealed perianal area was red stated "I need to che dirty" Medical record review admitted to the facility including Dementia, A Hypertension, Oral D Anxiety with Depress Review of the Annual documented the residememory impairment a assistance from 1 pet transfers. The residen bladder and bowel. Medical record review plan dated 6/3/15 doc "Resident is Incontine Bladder-Risk for recuincluded "Provide de Provide incontinent or reposition while in beto reduce risk of impairment of the pet transfers of the pet	the resident's buttocks and the resident #16 ange her clothesthey are to revealed Resident #15 was to on 6/14/13 with diagnoses abnormal Posture, ysphagia, Hallucinations, ion. MDS dated 6/3/15 then thad short and long term and required extensive reson for bed mobility and the was always incontinent of the comprehensive care cumented a problem of ent of Bowel and rrent UTI". The interventions aily care for resident; are as needed; Turn and d or in chair for comfort and	F 2	24			

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F 224	returned at 1:05 PM at the Geri-chair out of the Hallway beside the resisting there. Continue resident was lying in the closed, and stated, " one came to assist the "13 was asked by the resident for incontiner moved into the room, found to be incontiner. Interview with CNA #1 confirmed the resident and the facility neglect Resident #15. Interview with LPN #1 the pharmacy room concern in her recliner at been changed. Interview with the Direct G/16/15 at 2:00 PM in asked if there was enthe required care for the say that we've met even admitted to the facility including History of a resulting in Left Sideo Cervical Pain, Chronic Disease, Diabetes, and Review of the Quarter in the sideo of the continue of th	and Dushed Resident #15 in the dining room into the sident's room and left her ed observation revealed the the recliner with her eyestake it off, it hurts" No e resident. At 1:30 PM CNA e surveyor to check the nce. The resident was placed on the bed, and was not of urine. 13 at 1:37 PM in room 110 A at was incontinent of urine eted to provide care to the pharmacy room when ough facility staff to meet the residents stated, "I can't veryone's needs." It revealed Resident #17 was on 1/31/08 with diagnoses Cerebral Vascular Accident the Hemiplegia, Chronic of Obstructive Pulmonary and Anxiety.	F	224			
		dent was cognitively intact, ve assistance from 1 person					

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F 224	for bed mobility, transpersonal hygiene. The dependent for bathing urine and always consumers and always an	fers, dressing, toileting and e resident was totally g, occasionally incontinent of tinent of bowel. Int #17 on 6/9/15 at 12:55 sing room revealed the assisted out of bed, intil 12:30 PM. The resident routine was to be up, by 7:00 or 7:30 AM. evealed the resident had a different times and LPN #6 A had answered her call index interview revealed that asked for assistance to bathroom, the LPN would be so, or I'm picking up the enough staff todaywe'll get can." Continued interview er the resident had told the total the interview revealed the interview as the LPN stated, "They need into want to be up by 7:00 pposed to get them up but ff" Continued interview if answer the call light for ferent occasions that day to the bathroom or with thing and dressing as per	F 2	24			

DEPAR"	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	ED: 06/26/2015
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SS=D	the pharmacy room alert and normally compared and normally compared alert and normally compared and normally compared alert and normally compared and normally compared alert and normally compared alert and normal properties. The facility must ensigned and normal processing authorities the pharmacy room enough facility staff of the residents, the DO we've met everyone' 483.13(c)(1)(ii)-(iii), (INVESTIGATE/REPORT	confirmed Resident #17 was ontinent of urine and stated, she was wet and not up until se staff couldn't get to her, so short" lent #17 on 6/11/15 at 11:00 room confirmed she had to rs on 6/9/15. The resident peeing on myself. I like to be 12:30 [PM]. ON on 6/16/15 at 2:00 PM in when asked if there was to meet the required care for ON stated, "I can't say that is needs." (c)(2) - (4) ORT VIDUALS employ individuals who have abusing, neglecting, or is by a court of law; or have if into the State nurse aide abuse, neglect, mistreatment propriation of their property; ledge it has of actions by a can employee, which would service as a nurse aide or the State nurse aide registry es. ure that all alleged violations int, neglect, or abuse, inknown source and	F2	224	F225 The facility will ensurinjuries of unknown sources are rejimmediately to the administrator of facility. The facility will have evidenall alleged violations have been involved to administrator or their double to determine need to report further or law enforcement officials. Corrective Action Residents#11 arincident reports were reviewed with staff involved to determine approprinvestigative procedures. The Occu Review report form was modified to for better investigations of incident unknown origin explanation. All nur in-serviced on use of the form and with investigation tools to utilize m forward. Education will be documed Method of Correction for all resider All incident reports from the last 3 to be reviewed for any need of investigned to the deducation of the education	the ce that estigate be esignee to stat and #13 n nursing rence o provide sof eses were provide oving ented.	d. e g e e
	involving mistreatment including injuries of u misappropriation of re	nt, neglect, or abuse,			to be reviewed for any need of inve		n

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 225	through established p State survey and cert The facility must have violations are thoroug prevent further potent investigation is in progressentative and to with State law (includicertification agency) vincident, and if the alleappropriate corrective. This REQUIREMENT by: Based on facility policerview, observation, in Occurance Report, the an incident involving a and 13) of 17 residen. The findings included. Review of the facility Protocol, undated, review to incident being notice will be asked to provide admitted to the facility.	cordance with State law rocedures (including to the ification agency). e evidence that all alleged hly investigated, and must ial abuse while the gress. estigations must be reported in this designated other officials in accordance ing to the State survey and within 5 working days of the eged violation is verified exaction must be taken. is not met as evidenced its not met as evidenced its review, and review of the effecility failed to investigate an injury for 2 (Resident #11 its reviewed. expelice Fall Committee its reviewed it; skin tear or bruising,	F 22	F225 continued investigation for Nurses. All incidents moving forward from J 2015 are reported on the new occureview report, which provides a proinvestigation of incidents without knorigin. All incident reports are revien Nurse Management daily and the (Occurrence Review committee) at weekly meeting to determine need further investigation. QAPI and monitoring At the meetings weekly, an audit tool that for type of injury/ is it witnessed or unknown/ were employee investigatione for prior 24 hours of incident/ involved/follow up necessary will decompliance. Any discrepancies will be reviewed to determine need for cour further education of staff. Compliance to QAPI meetings for recommendation's or need for modifications. Completion Date Occurrence Report form revised 6/Review of last 3 months of incident 7/10/15 Staff Education Provided on use of 6/19/15-6/23/15 Audit Tool for Monitoring of Occurre Reports developed and utilized 6/	rrence tocol of nown wed by ORC their for ORC checks tions nurse etermine pe inseling ance ting. ort 19/15 reports forms		
	****	hagia, Muscle Weakness,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 225	Data Set (MDS) date #11 was severely contotal care for Activities Observation on 6/4/1 Resident #11 seated hallway outside her revealed a healing state for arm that was hall edema and bruising. The surveyor request for the last 4 months at 1:40 PM from the last 1:40 PM from the last 1:40 PM at the 1 West nuwere no incident investing team. Continued facility failed to investing admitted to the facility including Dementia, Psychosis, and Muse Medical record reviet 4/4/15 revealed Resicognitive impairment assistance with Active Medical record reviet 3/16/15 at 11:50 AM	w of a Quarterly Minimum ad 3/10/15 revealed Resident gnitively impaired and was as of Daily Living. 5 at 1:09 PM revealed in a geriatric chair in the room. Continued observation kin tear on the resident's right f-moon shaped, red with ted all incident investigations for Resident #11 on 6/4/15 Administrator. Iministrator on 6/4/15 at 4:20 reses station confirmed there estigations for Resident #11's interview confirmed the tigate the skin tear. We revealed Resident #13 was by on 8/25/11 with diagnoses Dysphagia, Osteoporosis, cle Weakness. We of a Quarterly MDS dated ident #13 had severe and required total retires of Daily Living. We of a Nurse's Note dated documented "CNT	F	225	DEFICIENCY)			
	pt's [patients] room,	nnician/ Aide] called nurse to 2 purplish discolorations size noted to upper right						

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION IG	(>	(X3) DATE SURVEY COMPLETED		
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F 225	arm, unknown origin Review of a facility C 3/16/15 documented occurrenceunknown review revealed "d this occurrenceunk resident combative of Continued review restatement attached the dated 3/16/15, signed bruise while doing pereview revealed no seduty from previous s Medical record revied 3/29/15 at 1:00 PM of green discoloration to Resident had been sedent" Review of a facility C 3/29/15 at 1:00 PM of occurrenceunknown review documented scratching face" Review of a facility C 3/29/15 at 1:00 PM of occurrenceunknown review documented scratching face" Report dated 3/29/15 Practical Nurse (LPN area during meds [m AM" Continued rewritten by staff on du Medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented a bruise Continued medical record revied 3/30/15 at 10:00 PM documented 3/30/15 at 10:00 PM document	Coccurrence Report dated I "type of In bruise" Continued ocument probable cause for knownper investigation during care & transfers" Invealed an employee of the Occurrence Report of the Occurrence of th	F 2	25			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C

IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 225	Continued From page	14	F 2	225			
SS=D	on 6/9/15 at 1:55 PM, Occurence Report for on 3/31/15, stated, "i as the incident on 3/30 differently" When ask obtained, per facility possigned to the resider LPN #3 stated, "no statementsa team modiscuss all the incident whatever" When ask been conducted, and son duty from previous sto determine the cause origin on 3/16/15, 3/29/stated, "nowe did not 483.15(a) DIGNITY AN INDIVIDUALITY The facility must promomanner and in an environment and in an environment of his or this REQUIREMENT in the season of the season facility policy review, observation and failed to ensure the digrifulation of the findings included: The findings included:	eets every week and we sbruises, falls or led if an investigation had tatements written by staff shifts had been obtained, of the injuries of unknown 15 and 3/30/15, LPN #3 lot" D RESPECT OF te care for residents in a comment that maintains or t's dignity and respect in her individuality. Is not met as evidenced review, medical record I interview, the facility lity and respect of 4	F 2-	F241 The facility will for residents in a manner and environment that maintains of each resident's dignity and research recognition of his or her individual of the recognition of his or her individual of his or her	in an renhances spect in full iduality. aff provided in the p	th ed	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 241	Life in the Nursing Ho "Dignity: The facility in residents in a manner maintains or enhance Further review revealer resident as they wish residents to dressap and individual prefere bathroomAllow privation them frequently if sometedCheck inconting and toilet as often as in Medical record review admitted to the facility including Cerebrovaso Muscle Weakness, Inc Contracture, and Dem Medical record review 3/10/15 revealed Resicognitive impairment, supervision for eating impairment of one uppopulation of Resident #10 was seatable with 7 other residents with 7 other residents assistance to Continued observation took an unpeeled bank used her teeth to oper it, then started eating in the sta	ome Setting" revealed must promote care for and environment that is each resident's dignity" ed the staff was to "Groom to be groomedAssist opropriate to the time of day inceAssist resident to acy while toileting and check safety concernment residents frequently needed" revealed Resident #10 was on 12/10/13 with diagnoses cular Accident, Dysphagia, coordination, Joint nentia. of a Quarterly MDS dated ident #10 had moderate required set-up help and and had range of motion over and lower extremity. ent #10 on 6/3/15 at 12:56 hing room revealed ated in a wheelchair at a dents. Continued 3 staff were seated with sidents and were providing 5 other residents. In revealed Resident #10 ana with her right hand and in the banana and unpeeled the banana. Continued the staff failed to assist the	F 2-	Method of Correction for all reside Nurse management or their design list will be reviewed and updated a by MDS Nurse and provided for nustations to share with CNT staff. All staff provided education on digripeing met with examples provided survey conducted June 2015 regar resident needs not being addresse feeding and toileting and basic grown Nurse Management and selected sign members to review all resident toil needs to determine how much assoneeded. Each nurses station will be provided an updated list each mon residents and their level of assistant toileting. The list will be updated aby MDS nurse. Nursing Administration reviews state coverage daily and to ensure reside are met throughout the day by assinall monitor making random check residents listed as having toileting issues are found or reported, staff counseled and educated on care not that resident and will be asked to passurance of care personally to the and their family.	nee. The is needed rses needed from ding d for oming. taff eting istance is enth of ince in seeded ffing ent needs igning a so on needs. As will be eeds for provide	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OMB N	IO. 0938-0391
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	AM in her room reveal meal tray on the over and she was only able banana. Continued of unopened orange juic oatmeal, and the mair within reach. Interview with the Dire 6/11/15 at 8:25 AM in asked if the resident's the resident's reach streach it" Medical record review admitted to the facility including Dementia, A Hypertension, Oral Dy Anxiety with Depression Review of the Annual I documented the reside memory impairment a assistance from 1 person for eatin bathing. The resident bladder and bowel. Observation of Reside PM in the 1st floor dini resident was seated in had just finished her lu have to go to the bathr Director stated, "You'll	led she was in bed with bed table to her right side at to reach the milk and the observation revealed the e and jelly, 2 bowls of a plate of food were not ector of Nursing (DON) on the resident's room, when tray had been set-up within rated, "noshe can't evealed Resident #15 was on 6/14/13 with diagnoses bnormal Posture, sphagia, Hallucinations, on. MDS dated 6/3/15 ent had long and short term and required extensive son for bed mobility, ditoileting. The resident and required assistance ag, personal hygiene and was always incontinent of the areclining Geri-chair and nch. The resident stated, "I oom." The Activities have to wait until a tech	F:	Adprin Aaw Shea Ned Oddinothm Ttow	dministrator or designee will make routing meals to ensure that proper feet ractices are in effect to promote dignitionangement staff will be provided nonitoring tools for compliance as they hake rounds. Il staff will be in serviced on Dignity naturally and at orientation. This education will be documented. It staffing schedules will be reviewed by Nanagement or their designee daily to naugement or their designee daily to nauge staff assignment and staffing lever in place. It is place. It is a staff to have documented intervices on appropriate incontinent care ining assistance. In and monitoring DON or resignee will review ADL documentation before the ensure proper adherence of accontinence care at least weekly until compliance threshold of 85% is reached the monitoring will be done at least monthly to assure continued compliance the monitoring tool use on random and the wiew compliance for incontinence care will include resident name, room number and and time of day, resident mental	ding by. All tion lurse vel and and and te. dits re	
	can take you." Further	observation revealed the			a	00.45	CL

PRINTED: 06/26/2015 FORM APPROVED OMB NO. 0938-0391

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F 241	take the resident to hassistant was taking dining room and said returned. The Activiti PM and pushed Resiout of the dining roor resident's room and Continued observation lying in the recliner wistated, "take it off, it line observation revealed resident. At 1:30 PM surveyor to check the The resident was mouthed bed, and was four linterview with CNA # confirmed the resident and the facility failed the dignity of Resident Medical record review admitted to the facility including History of a resulting in Left Sideo Cervical Pain, Chronic Disease, Diabetes, and Review of the Quarted documented the resident required extensing for bed mobility, transpersonal hygiene. The dependent for bathing urine and always continued the resident for bathing urine with the resident for bathing urine and always continued the resident for bathing urine with the resident for bathing urine and always continued the resident for bathing urine with the	ked the Activities Assistant to her room. The Activities another resident out of the she would when she es Assistant returned at 1:05 ident #15 in the Geri-chair in into the hallway beside the left her sitting there. On revealed the resident was with her eyes closed, and hurts." Continued in one came to assist the I CNA #13 was asked by the exercident for incontinence. Wed into the room, placed on and to be incontinent of urine. 13 at 1:37 PM in room 110 A had the was incontinent of urine to provide care and maintain int #15. In revealed Resident #17 was by on 1/31/08 with diagnoses. Cerebral Vascular Accident delemiplegia, Chronic is Obstructive Pulmonary and Anxiety. In y MDS dated 4/12/15 dent was cognitively intact, we assistance from 1 person sfers, dressing, toileting and the resident was totally go, occasionally incontinent of	F 24	orientation, comments from resident resident is dry. Audits will be conducted weekly. Compliance will be met whe report toileting needs have been adfindings/recommendations will be swith the QAPI committee for further monitoring. Monitoring will be done Nurse Management or their designed and their designed to the provided updated list each month by Nurse Management of residents and their assistance in toileting. These lists we used as a part of the audit conducted weekly. Audit tool developed to monitor resident name/date/meal served/where resident is eating/served/where resident is eating/served and provided. Administrator or designee will conduct audit averaging times each week and will provide compliance to QAPI committee mee Compliance threshold will be 90%. It will be reviewed at QAPI meeting we compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide compliance reported and discussed further need of interventions or train Administrator or designee to monitor and the provide complement and the provide complement and the provide complement and the provide complement and the	dents on tance is will vice tings. Findings ith for ning.		

Facility ID: TN9401

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		Contractive and the second	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 241	toileted until 12:30 PM normal routine was to by 7:00 or 7:30 AM. Of the resident had push times to ask for assist and to be assisted to interview revealed LP CNA, and had answe and stated, "I'm passi trayswe don't have to you as soon as we revealed even after the she needed to go to the she was wet, no assist resident became incollie in her saturated be linterview with LPN #61 West nurses station as a CNA. The LPN is be up by 7:00 AM, and them up but there is interview confirmed the light for Resident #17 and did not provide a toileting, and failed to care/bathing and dresexplained she had be linterview with CNA #1 the pharmacy room calert, had a set morning make her needs know urine.	d out of bed, dressed, or M. The resident revealed her be up, bathed, and dressed Continued interview revealed led her call light 3 different lance to get up out of bed the bathroom. Continued led her call light each time led her call light each t	F 24	F241 continued Completion Date Resident lists reviewed/ updated on needs 7/15/15 Staff educated on dignity/care issue residents during meal times 7/10/3 Audit tools developed toileting audit dining audit 7/7/15	s of . 5		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		X3) DATE SURVEY COMPLETED	
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F 241 F 253 SS=E	stated, "I don't like be up at 7:00 [AM] no lay there wet and I ha awful, and I hate it" 483.15(h)(2) HOUSE MAINTENANCE SER The facility must proving maintenance services sanitary, orderly, and This REQUIREMENT by: Based on facility politinterview, the facility housekeeping and maresident areas on the and 133 were maintal and comfortable environmental to the findings included Review of the facility 4/15/14, revealed "" floor will clean resider revealed " The follow tasks for the houseke rooms Sweep and no less than once per room space and the brooms is cleaned after and first thing each mand mopped before expected to the control of the facility and mopped before expected the control of the facility and mopped before expected the facility and faci	peeing on myselfI like to be 12:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced be 12:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced be 13:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced be 14:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced be 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced be 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:30 [PM]I just had the 15:30 [PM]I just had to ensure a sanitary comment. It is not met as evidenced but the 15:	100 - 200 1	hna 253 GffshebR2iriScaRPffre MHredddHAHe	The facility will provide nousekeeping and maintenance service necessary to maintain a sanitary, ordered and comfortable interior. Corrective Action 2nd Floor Dining rocal loor perimeters were cleaned after surveyor and administrator viewed are dousekeeping supervisor was instructed as the surveyor and administrator viewed are dousekeeping supervisor was instructed as the surveyor and administrator viewed are dousekeeping supervisor was instructed as necessary was checked and cleaned as necessary as a surveyor and cleaned and cleaned and educated are communicated and according period and accordingly. Soom 212, 216, 219, 223, 224, 227, 230, 232, 233, 235, 238 were cleaned and educated have been counseled and educated in and at window and all new dooring replaced. Room 133 had dryw epaired and painted. Method of Correction for all residents dousekeeping scheduled protocol to be eviewed with all housekeepers with documented in-service. All rooms to have been accordingly supervisor and doministration and cleaned accordingly dousekeeping Supervisor and administration and cleaned accordingly dousekeepers to document rooms cleaned according log list and turn room to Housekeeping Supervisor or designated and painted.	ed to eded. 228, to meter. be cated d all		

F253 continued Complaint Survey ending 6/16/15 Claiborne and Hughes #445157

QAPI and monitoring

Audit tool created to include room number/day/time inspected/staff assigned an a list of specific cleaning tasks for each room. Housekeeping supervisor or designee will conduct random room audits for cleanliness three different days of the week. Any noncompliance will be addressed immediately with staff member involved. Audits will be reviewed each week with Administrator until 80% compliance is met with rooms audited. At that stage, audits will be reviewed monthly. Findings/recommendations will be shared with the QAPI committee for further monitoring/education. Monitoring will be done by Housekeeping supervisor or designee.

<u>Completion Date</u> Dry wall repaired on rooms 101 and 133 **6/12/15**

Housekeeping staff education on room cleaning protocol and use of cleaning log **7/8/15**

Audit tool developed/utilized 7/9/15

PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 253 Continued From page 20 baseboards had a heavy accumulation of blackened debris in 12 out of 26 occupied resident rooms, #212, 216, 219, 223, 224, 227, 228, 230, 232, 233, 235 and 238, and the dining room. Further interview stated, "the floors are dirty" and the facility failed to follow their policy. Observation and interview with the Housekeeping Supervisor, on 6/9/15 at 8:15 AM, in rooms 101 and 133, confirmed the drywall on the right side of the air conditioning units above the baseboard were wet and had wall penetration. F 281 SS=D PROFESSIONAL STANDARDS	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Contract Charles and Contract Contract	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 253 Continued From page 20 baseboards had a heavy accumulation of blackened debris in 12 out of 26 occupied resident rooms, #212, 216, 219, 223, 224, 227, 228, 230, 232, 233 and 238, and the dining room. Further interview stated, "the floors are dirty" and the facility failed to follow their policy. Observation and interview with the Housekeeping Supervisor, on 6/9/15 at 8:15 AM, in rooms 101 and 133, confirmed the drywall on the right side of the air conditioning units above the baseboard were wet and had wall penetration. F 281 SS=D F 253 F 253 F 253 F 253 F 253 F 254 F 255 F 255 F 257 F 258 F 258			CNTR		200 STRAHL STREET	1 00/10/2013	
baseboards had a heavy accumulation of blackened debris in 12 out of 26 occupied resident rooms, #212, 216, 219, 223, 224, 227, 228, 230, 232, 233 and 238, and the dining room. Further interview stated, "the floors are dirty" and the facility failed to follow their policy. Observation and interview with the Housekeeping Supervisor, on 6/9/15 at 8:15 AM, in rooms 101 and 133, confirmed the drywall on the right side of the air conditioning units above the baseboard were wet and had wall penetration. F 281 SS=D PROFESSIONAL STANDARDS	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE		BE COMPLETION			
must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow a physician's order for nebulizer therapy for 1 (Resident #2) of 17 residents reviewed. The findings included: Medical record review revealed Resident #2 was admitted to the facility on 1/2/7/12, and a readmission date of 5/18/15 with diagnoses including Pneumonia, Acute Asthmatic Bronchitis, Cerebrovascular Accident, Chronic Obstructive Asthma, Hypertension, Depression, and Anxiety. Medical record review revealed Resident #2 lying in bed, eyes closed, and a nebulizer mask	F 281	baseboards had a he blackened debris in 1 resident rooms, #212 228, 230, 232, 233, 2 room. Further intervied dirty" and the facility of the air conditioning were wet and had wa 483.20(k)(3)(i) SERV PROFESSIONAL STATE The services provided must meet profession. This REQUIREMENT by: Based on medical reand interview, the fact physician's order for readmisted to the facility readmission date of 5 including Pneumonia, Cerebrovascular Acci Asthma, Hypertension Observation on 6/8/15 PM in the resident's residen	avy accumulation of 2 out of 26 occupied , 216, 219, 223, 224, 227, 35 and 238, and the dining ew stated, "the floors are railed to follow their policy. View with the Housekeeping at 8:15 AM, in rooms 101 the drywall on the right side units above the baseboard Il penetration. ICES PROVIDED MEET ANDARDS If or arranged by the facility hal standards of quality. It is not met as evidenced cord review, observation, ility failed to follow a the bulizer therapy for 1 the bulizer therapy		F281 The services provided or an by the facility will meet professional standards of quality. Corrective Action LPN in question we educated on proper protocol for Nebutreatment which includes observation treatment. Resident #2 received no a effect from the nebulizer treatment in question. Method of Correction for all Residents MD orders for nebulizer treatments to reviewed to assure orders are plotted correctly on MARs and that treatment administered as ordered. Licensed Nurses to be provided documed action on following physician order prescribed times for nebulizer treatments.	as ulizer of dverse obe ts are nented ers on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
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NAME OF PROVIDER OR SUPPLIER CLAIBORNE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064			
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Medical record review 6/1 - 30/15 document relaxing and widening which helps you to bring [milligram]/3 ml [outh and the nebulizer on. If of Physician's Orders for red "DuoNeb (works by go the airways in the lungs, reathe more easily) 2.5 - 0.5 milliliter] solution use 1 vial daily at 9:00 AM1:00 PM" If of Practical Nurse (LPN) #5 of on 2nd floor hallway om, when asked about the fitime for a nebulizer takes about 10 finish" When asked how reived a nebulizer treatment of PM shift, LPN #5 stated, go and once in the sked about the observation AM and at 12:10 PM, LPN y" and walked away.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Management or their designee will perandom rounds to audit those on nettreatments using an audit tool that resident name/room number/Physicial order time/time administrated/proper protocol followed. Any noncompliance corrected at time of occurrence and cumented education provided. Audit conducted weekly until compliance met when 100% is accomplished, andom monthly audits will be done to saure continued compliance. Indings/recommendations will be sharith the QAPI committee for further nonitoring. Monitoring will be done by urse Management or their designee. Indings of all nebulizer treatments 7/1/1/10/15 Indit tool developed 07/10/15	e will d its will then o		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X3) DATE SURVEY COMPLETED	
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CY MUST BE PRECEDED BY FULL	ID PREFIX TAG			
n see I do the dining room in of enough timethat was the I started at 11" LPN #5 cation was administered out of range.				
ed or arranged by the facility qualified persons in the resident's written plan of the resident record review, where and review of the Activity of the resident facility failed to for ADL needs involving the resident continence care 10, 13, 14, 15, 17) of 14 requiring ADL assistance. The Red Napkin Protocol, with the resident of the review revealed the resident at risk and will resident to staffto provide ring during meals To sident to eat each	F 282	F282 The services provided or arr by the facility will be provided by qual persons in accordance with each residuriten plan of care. Corrective Action LPN #6 was provided ocumented education on the red naporotocol. Resident #1 bathing schedule was rewith nursing staff providing care. Becaresident's non-compliant behaviors dubath time (which include continued screaming, agitation and hitting at staff to be provided with alternate diversional techniques to attempt; and instructed to work with nurse in coordination of bath time. Resident #10's bathing schedule was reviewed with nursing staff providing staff have been instructed to work with nurse when resident is uncooperative. Napkin protocol for resident #10 was	lified lent's led lent's led lent's led lent's lewed lese of lent's let lese lese lese lese lese lese lese	
	IDENTIFICATION NUMBER:	## A BUILDING ## 445157 ## CNTR ## CNTR ## CNTR ## CONTR ##	A BUILDING 445157 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064 PREFIX TAG PREFIX TAG FEARMCLIN, TN 37064 PREFIX TAG PREFIX TAG FEARMCLIN, TN 37064 PREFIX TAG PREFIX TAG PREFIX TAG FEARMCLIN, TN 37064 PREFIX TAG PREFIX TAG PREFIX TAG FEARMCLIN, TN 37064 PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG FEARMCLIN, TN 37064 PREFIX TAG FEAR FEAR FEAR The services provided or arm by the facility will be provided by qual persons in accordance with each reside written plan of care. Corrective Action LPN #6 was provided documented education on the red naporotocol. Resident #1 bathing schedule was reviewed with nursing staff providing care. Beca resident's non-compliant behaviors du bath time (which include continued screaming, agitation and hitting at stat staff to be provided with alternate diversional techniques to attempt; and instructed to work with nurse in coordination of bath time. PREFIX TAG FEAR PROVIDER'S PLAN OF CORRECTION PREFIX TAG FEAR FEAR FEAR The services provided or arm by the facility will be provided by qual persons in accordance with each reside written plan of care. Corrective Action LPN #6 was provided documented education on the red naporotocol. Resident #1 bathing schedule was reviewed with nursing staff providing care. Beca resident's non-compliant behaviors du bath time (which include continued screaming, agitation and hitting at stat staff to be provided with alternate diversional techniques to attempt; and instructed to work with nurse in coordination of bath time. PREFIX TAG FEAR FE	

F 282 Continued From page 23 eaten" Review of the facility Shower/Bath schedule revealed the shower/bath was assigned according to the resident's room number. Further review revealed no showers were scheduled for Sundays. Medical record review revealed Resident #1 was admitted to the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Mellitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others. F 282 F 282 continued Resident #13 bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #13 bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #14 will be offered at least 2 meals each day in the dining room. Her care plan was changed to reflect that. Her bathing schedule was reviewed with nursing staff providing care. Staff were instructed that if resident refused bathing care or if bathing was unable to be given that they must inform charge nurse or	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 23 eaten" Review of the facility Shower/Bath schedule revealed the shower/bath was assigned according to the resident's room number. Further review revealed no showers were scheduled for Sundays. Medical record review revealed Resident #1 was admitted to the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Mellitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others. STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064 F 282 Continued CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) PREFIX TAG REQUILATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REPROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE RESIDENT METERITY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE RESIDENT METERITY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE PREFIX TAG REVISION TO SUMMARY STATEMENT OF DEFICIENCY TAG PREFIX TAG REVISION TO SUMMARY STATEMENT OF DEFICIENCY RESULT HONG INFORMATION) PREFIX TAG REVISION TO SUMMARY STATEMENT OF DEFICIENCY TAG PREFIX TAG REVISION TO SUMMARY STATEMENT OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE RESIDENT METERITY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE RESIDENT METERITY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECINO DATE PREFIX TAG RESIDENT METERITY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA						С	
CLAIBORNE AND HUGHES HLTH CNTR (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 23 eaten" Review of the facility Shower/Bath schedule revealed the shower/bath was assigned according to the resident's room number. Further review revealed no showers were scheduled for Sundays. Medical record review revealed Resident #1 was admitted to the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Mellitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others. Expression of the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Melitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others.	NEOS: 1907-19-019-019-019-01		445157	B. WNG		06/1	6/2015
F 282 Continued From page 23 eaten" Review of the facility Shower/Bath schedule revealed the shower/bath was assigned according to the resident's room number. Further review revealed no showers were scheduled for Sundays. Medical record review revealed Resident #1 was admitted to the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Mellitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others. PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 F 282 F 282 Continued Resident #13 bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #14 will be offered at least 2 meals each day in the dining room. Her care plan was changed to reflect that. Her bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #14 will be offered at least 2 meals each day in the dining room. Her care plan was changed to reflect that. Her bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversio			CNTR	:	200 STRAHL STREET		
Review of the facility Shower/Bath schedule revealed the shower/bath was assigned according to the resident's room number. Further review revealed no showers were scheduled for Sundays. Medical record review revealed Resident #1 was admitted to the facility on 11/4/13 with diagnoses including Odontoid Fracture/Cervical Spine, Bipolar with Psychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes Mellitus, Advanced Alzheimer's Disease. Medical record review of the Annual Minimum Data Set (MDS) dated 11/9/14 documented Resident #1 was cognitively impaired, could make self understood and understood others. F282 continued Resident #13 bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #13 bathing schedule was reviewed with nursing staff providing care. Because of resident's non-compliant behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #19 behaviors during bath time (which include loud cursing, agitation and hitting at staff), staff to be provided with alternate diversional techniques to attempt; and to be instructed to work with nurse in coordination of bath time, as well as solicit family assistance. Resident #19 with paychotic Behavior, Depression, Dysphagia, Parkinson's Disease, Dementia with Behavioral Disturbances, Hemiplegia, Diabetes was changed to reflect that. Her bathing schedule was reviewed with nursing staff providing care.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
totally dependent and required 1 person assistance for bed mobility, transfers, eating, toileting, personal hygiene and bathing. Further review documented the resident was frequently incontinent of the bowel and always incontinent of the bladder. Medical record review of the Quarterly MDS dated 5/10/15 documented Resident #1 was severely cognitively impaired, usually could make self understood and usually understood others. Further review documented the resident required extensive assistance of 1 person for bed mobility, eating, toileting, and personal hygiene. Further review documented the resident remained totally dependent with 1 person assistance for transfers and bathing and was always incontinent of the	F 282	eaten" Review of the facility revealed the shower/l according to the resid review revealed no sh Sundays. Medical record review admitted to the facility including Odontoid Fr Bipolar with Psychotic Dysphagia, Parkinson Behavioral Disturband Mellitus, Advanced Al Medical record review Data Set (MDS) dated Resident #1 was cognake self understood Further review docum totally dependent and assistance for bed motoileting, personal hygreview documented the incontinent of the bow the bladder. Medical record review dated 5/10/15 docum severely cognitively in self understood and unfurther review documented the incontinent of the bow the bladder.	Shower/Bath schedule bath was assigned dent's room number. Further howers were scheduled for a revealed Resident #1 was yon 11/4/13 with diagnoses racture/Cervical Spine, c Behavior, Depression, n's Disease, Dementia with ces, Hemiplegia, Diabetes Izheimer's Disease. W of the Annual Minimum d 11/9/14 documented nitively impaired, could d and understood others. In the resident was d required 1 person obility, transfers, eating, giene and bathing. Further he resident was frequently wel and always incontinent of the Quarterly MDS then the Resident #1 was mpaired, usually could make usually understood others. In the resident required of 1 person for bed mobility, personal hygiene. Further the resident remained totally ison assistance for transfers	F 282	Resident #13 bathing schedule was reviewed with nursing staff providing Because of resident's non-compliant behaviors during bath time (which incloud cursing, agitation and hitting at a staff to be provided with alternate diversional techniques to attempt; and instructed to work with nurse in coordination of bath time, as well as a family assistance. Resident #14 will be offered at least 2 each day in the dining room. Her care was changed to reflect that. Her bath is schedule was reviewed with nursing a providing care. Staff were instructed that if resident refused bath care or if bathing was unable to be given that they must inform charge nurse or supervisors to arrange for alternate schedule. Resident #15 toileting needs were discussed with Activity staff member in question to assure that she followed up nursing staff assigned resident's care a getting her toileted. All staff have bee instructed to seek nursing staff when toileting needs are mentioned by reside Bathing needs for resident were change bathing stretcher. Staff to be instructed to bathing stretcher. Staff to be instructed notify Nurse Management when such	clude staff), d to be solicit meals e plan ing staff hing ven r in up with for en dents. ged to a ed to	

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F 282	original date of 11/10/date of 5/5/15, docum "Impaired Activities further decline/Requir review documented ir "follow schedule for weeklyAssistance re toiletingbed mobility hygieneReport refus Observation on 6/8/18 #1's room revealed Li (LPN) #6 attempting to observation revealed resident's tray. Interview with LPN #6 Resident #1's room, we of the red napkin state the red napkin means Review of the medica Resident #1 was in ro and changed to room Review of the Shower documented room 12: Tuesday, Thursday an PM and room 120 B w	of the care plan with the f14, with an updated goal mented Resident #1 had of Daily Living, At risk for res assistance" Further interventions including showers and bed baths required with transfers, and personal sals to nurse" 5 at 7:59 AM in Resident censed Practical Nurse of feed the resident. Further a red napkin on the 5 on 6/8/15, at 8:00 AM in when asked the significance red, "was not sure of what" I record documented om 123 A prior to 5/22/15 120 B after 5/22/15. 6/Bath Schedule 3 A was scheduled for and Saturday at 7:00 AM-3:00 was scheduled for Tuesday, and at 3:00 PM-11:00 PM. Fow Log documented a shower 4 out of 14 and 2015; 5 out of 12 ary 2015; 5 out of 13 and 2015, 0 out of 13	F2		Resident #17 get up schedule and groetime have been reviewed with her. Soc Services is working with resident to establish a time that can best meet he expectations that does not conflict with breakfast for all residents. Care plans for residents 1,10,13,14,15 were reviewed with staff and updated reflect proper interventions for care new Method of Correction for all residents. Each resident's bathing schedule will be reviewed with the resident (if cognitivable) to assure bathing needs are method assure bathing needs are method as a force members to interview reside when possible and families when need attain this information. Results will be shared with MDS nurse to reflect any changes needed for Care plan and MD nurse will update staff on any modification and second in the Care Tracker computers and communicate and educate CNT staff of complying with the bathing schedules residents and the protocol for docume correctly, dealing with refusals and reporting concerns to charge nurse. All education will be documented.	tial er h ,17 to eded. ee eely as ents, ed to stions just ations for nting	

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F 282	Continued From page	25	F	282			
	opportunities in May 2				F282 continued		
	opportunities from Jul			101	3		
	opportunities iroin out	10, 2010.			Nursing assignments/schedules to be		
	Interview with I PN #1	3 on 6/9/15 at 2:12 PM at			reviewed by Nurse Management to en	sure	
	the 1 East nurses star				that adequate staffing coverage is in p		
		1 shower in the past 2			Facility has secured additional agency		
		't know she hasn't had a			staffing to minimize any staff openings	s.	
		Certified Nurse Aides]			Nurse Management will report staffing		
	usually tell me when [levels to Administration daily to ensure		
					adequate levels are in place for care.		
	Interview with the Dire	ector of Nursing (DON) on					
		nd 6/16/15 at 1:00 PM in the			Weekly, Administration and Nurse		
	pharmacy room when	asked if Resident #1			Management will review staffing need	s for	
		the Shower/Bath Schedule			prior week and forecast needs for upco		
		rmed, "no shower had		- 0.7	week to ensure that adequate staffing	_	
		s a week as scheduledno			are maintained.		
	shower provided per t	the care plan"					
				1	Facility to initiate care cards which will	be	
	Medical record review	revealed Resident #10 was			posted in secure places at each reside		
		on 12/10/13 with diagnoses			bedside. The cards will provide key AD		
		cular Accident, Dysphagia,			information for all staff providing care.	2077/03	
	Muscle Weakness, In				Cards will be updated by MDS nurse o		
	Contracture, and Den	nentia.			designee and all Nursing staff will be		
	1950 BB D D 1				provided documented education on th	e	
		v of a Quarterly MDS dated			card's use. IDT team with coordination	from	
		esident #10 had moderate			MDS nurse will review and update care	е	
	A COLUMN TO A STATE OF THE STAT	required set-up help and			cards as needed.		
		and had range of motion					
		per and lower extremity (left			Nursing staff will be re-educated on th	e Red	
		documented Resident #10			Napkin policy with attendance docume		
	required total assistal	nce of 1 person for bathing.			All food carts will be provided with sig		
	Madical areas as a	and an ADI Flow Chart I are			noting "Trays with Red Napkins note		
		v of an ADL Flow Sheet Log			the individual needs specific assistance		
	The contract of the contract of the contract of the con-	umented Resident #10 had			cueing or encouragement to eat, which	5.7	
	received 1 shower.				must provide."		
	Medical record review	v of a care plan dated					
		d"at nutritional risk r/t					
		interventionsred napkin					

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F 282	daily" Observation of Reside PM in the 2nd floor discression to the residents revealed 3 staff, assist seated with their back Continued observation took an unpeeled band used her teeth to ope it, then started eating observation at 1:22 Phade eaten the banana the plate and self-projand staff did not encounter meal per the care. Interview with the DO the pharmacy room we enough facility staff to services for the reside can't say that we've mended and the facility including Dementia, Desychosis, and Muscles Medical record review 4/4/15 documented Recognitive impairment as assistance of 1 for bath	ent #10 on 6/3/15 at 12:56 ning room revealed the n a wheelchair at a table c. Continued observation sting other residents, were as to the 7 residents. In revealed Resident #10 Itana with her right hand and in the banana and unpeeled the banana. Continued M revealed Resident #10 Itana and a few bites of food on pelled out of the dining room urage her to continue eating plan. N on 6/16/15 at 2:00 PM in then asked if there was meet the required care and ents, the DON stated, "I net everyone's needs" In revealed Resident #13 was a on 8/25/11 with diagnoses bysphagia, Osteoporosis, the Veakness. In of a Quarterly MDS dated desident #13 had severe and required total thing. In of a care plan dated 7/7/14 and ADL's/at risk forfollow schedule for	F 2	Larger signs will also be posted in both dining rooms. Administrator or designee will make during meals to ensure that propractices are in effect to promote management staff will be provided monitoring tools for compliance make rounds. QAPI and monitoring Audit tool developed to monitor recompliance make rounds. QAPI and monitoring Audit tool developed to monitor recompliance resident name/date/measerved/where resident is eating/need and provided. Administrator designee will conduct audit averatimes each week and will provide compliance to QAPI committee recompliance to QAPI committee recompliance threshold will be 90° audits will be continued weekly used to compliance is obtained and then monthly. Findings will be reviewed meeting with compliance reported discussed for further need of integrations and the continued weekly used to a source residents and the provided to a source resident and the provi	residents on ssistance is Tool will leservice or aging two eneetings. We and until be done ed at QAPI ed and erventions gnee to eneetings.	

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F 282	Medical record review dated 5/1 - 31/15 door received 2 showers. Interview with CNA #2 break room on the 2n assigned residents reaccording to the scheenough time to do show the pharmacy room we enough facility staff to services for the reside can't say that we've madmitted to the facility including Alzheimer's, Gait Difficulties, Musco Depression. Review of the Quarter documented the residing and required 1 person for bathing, opeople for transfers and person for eating. Medical record review plan dated 10/9/14 do "Impaired ADL's". Interschedule for showers, meet all needs on a duse call light for needs comprehensive care person for eating.	of an ADL Flow Sheet Log umented Resident #13 had 2 on 6/15/15 at 2:45 PM in a d floor, when asked if ceived their showers dule, confirmed "nonot owers" N on 6/16/15 at 2:00 PM in then asked if there was a meet the required care and ents, the DON stated, "I net everyone's needs" It revealed Resident #14 was an 8/6/14 with diagnoses Dementia with Behaviors, le Weakness and Ity MDS dated 2/15/15 ent was severely cognitively lextensive assistance from extensive assistance from 2	F 2	include resident name/onumber/bath schedule/Inurse verifying/ docume compliance (as noted). or designee will conduct least two times per wee compliance to QAPI compliance threshold for 75% and audits will be until compliance is obtated done monthly to assure compliance. Findings with QAPI meeting with compliance. Findings with QAPI meeting with compliance or training. MDS nurse to conduct a audit of care plans for Napkin program to assure interventions are in placed presented to Nursing states assistance. MDS nurse the staff awareness and use Monitoring of updates of occur after each quarter or as necessary. MDS nurse will conduct care plans of resident be include information of as bathing preferences and necessary and have been	bathing care gentation of nor Nurse manage to audit random ek and will proven the audit random ek and will proven bathing will be reviewed pliance reported of intervent to one time all residents of the Care Can care cards we fly care plan resurse to monitor a one time audithing needs a ssistance need interventions.	iven/ iment ily at vide igs. be ikly be at d and cions n Red en domly ards. rill eview, f. dit of nd ed,	

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F 282	Continued From page	≥ 28	F 28	32	
	Interventions included	d, "Provide		F282 continued	
	SupportProvide add	ditional assistance with			
	ADL's as condition de	clines"		Nursing staff providing assistance.	
		an bandanasa sanataga		Monitoring of updates on care cards	
	Observation on 6/3/15			occur after each quarterly care plan i	
		aled the resident was sitting		or as necessary. MDS nurse to monitor	or.
	in her wheelchair (vvc	C) with a pureed breakfast			
	her. The resident had	r the bed table in front of		Completion Date	800 E
	designated the reside			Audits of all care plans for Red Napki	n and
		s and observation. There		bathing needs 7/10/15	
		coach or cue the resident.		Taralamantation of some souds in acut	
		n revealed the resident was		Implementation of care cards in conju	inction
		unopened carton of orange		with education of staff 7/30/15	
	juice. Further observa	ation at 8:09 AM revealed		Nursing education on Red Napkin pro	aram
		eaten anything, the orange		and meal service protocol 07/14/1	
	juice was still unopene	ed, she was not eating, and		and mean service protocor 07/14/1	.э
	no one was present to	assist the resident.		Nursing Education on compliance of b	athing
	01 0/0/47			needs for all residents 07/18/15	deling
	Observation on 6/8/15			,,	
		led the resident was in the kfast tray was on the over		Conducting and dining audits 07/10	/15
		of her. The resident's head		ATT	
		right upper side rail. Milk			
		d and on the tray. The	1	0	
		he food with her hands.			
		epper on her gown, both			
	hands, and forearms.	The resident held out her			
		se help me, it hurts, it feels			
		, please help me, go get			
		said." The resident was			
		ervation revealed LPN #12			
	1 10	ent's room at 8:38 AM. CNA			
		om and kept on walking			
	room at 8:48 AM and i	AM. CNA #5 entered the			
	breakfast tray.	removed the uneaten			
	breaklast tray.		1		
	Review of the Shower	/Bath Schedule revealed			

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DA	TE SURVEY MPLETED
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	Resident #14 was to Monday, Wednesday PM shift. Interview with CNA # the pharmacy room of dependent on staff for to use the call light to CNA confirmed the resident The CNA confirmed the receiving a shower 3 shower schedule and Interview with LPN #1 the pharmacy room of being done" as sched Interview with the DO the pharmacy room wenough facility staff to the residents, the DOI we've met everyone's Medical record review admitted to the facility including Dementia, A Hypertension, Oral Dy Anxiety with Depression Review of the Annual Indocumented the resident memory loss. The resident required assistance and required assist	receive a shower every r, Friday on the 3 PM to 11 5 on 6/10/15 at 2:40 PM in confirmed Resident #14 was r all of her needs and unable ask for assistance. The esident required her meals to d cueing or prompting in to eat most of her meal. he resident was not times per week as the care plan stated. 2 on 6/11/15 at 3:30 PM in confirmed "showers are not uled. N on 6/16/15 at 2:00 PM in hen asked if there was meet the required care for N stated, "I can't say that needs." revealed Resident #15 was on 6/14/13 with diagnoses bnormal Posture, sphagia, Hallucinations, on. MDS dated 6/3/15 ent had short and long term dent was totally dependent the from 1 person for	F 28	32		
3	memory loss. The resi and required assistand	dent was totally dependent be from 1 person for bathing. The resident was				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The State of the Contract of t	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 282	Medical record review plan dated 6/3/15 doc "Impaired ADL's at with interventions incl for showersStaff to needs on a daily basis transfers, toileting, drepersonal hygiene"Codocumented a probled Incontinent of Bowel a recurrent UTI" Intervention of Bowel a recurrent util" Intervention of Incontinent care as newhile in bed or in chair risk of impaired skin Observation of Reside PM in the 1st floor din resident was seated in had just finished being the Activities Director. 12:57 PM revealed the go to the bathroom." The stated, "You'll have to take you." Continued a Activities Director asket ake the resident to he Assistant was taking a dining room and said returned. The Activitie PM and pushed Residout of the dining room resident's room and le Continued observation lying in the recliner with stated, "take it off, it he assist the resident. At asked by the surveyor	of the comprehensive care cumented a problem of risk for further decline" uding, "Follow schedule anticipate and meet all sAssistance required with essing, bed mobility, and continued review m of "Resident is and Bladder-Risk for ventions included, for residentProvide sededTurn and reposition or for comfort and to reduce " ent #15 on 6/3/15 at 12:55 ing room revealed the na reclining Geri-chair, and gassisted with her lunch by Continued observation at the resident stated, "I have to the Activities Director wait until a tech [CNA] can observation revealed the ed the Activities Assistant to the room. The Activities another resident out of the she would when she is Assistant returned at 1:05 lent #15 in the Geri-chair into the hallway beside the eff ther sitting there. In revealed the resident was the her eyes closed, and	F2	82			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		DATE SURVEY COMPLETED
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F 282	Interview with CNA #* confirmed the resident and the facility failed to the care plan for Resi Medical record review Schedule revealed Reshower every Tuesda Interview with CNA #* the pharmacy room contractivity receiving showers schedule as the shown accommodate a shown resident could not tole shower chair. Interview with LPN #1 the pharmacy room rebeen in her recliner all been changed or repositioning for Resident could not tole shower chair. Medical record review admitted to the facility failed to prorepositioning for Resident Cervical Pain, Chronic Disease, Diabetes, and Review of the Quarter documented the resident required extensive and required exte	at 1:37 PM in room 110 A t was incontinent of urine o provide care according to dent #15. Tof the Bath/Shower esident #15 was to receive a sy, Thursday and Saturday. O on 6/10/15 at 2:40 PM in onfirmed the resident was per the Bath/Shower er room was too small to the stretcher, and the strate sitting upright on the strate sitting up	F 28	32		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	((X3) DATE SURVEY COMPLETED	
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F 282	dependent for bathing urine and always con Medical record review plan dated 10/13/14 r Risk for Further Decli Assistance" Interve resident to get up bef desiresAllow to malinvolved with care corableStaff to anticipa daily basisAssistance toileting, dressing bechygieneEncourage Interview with the resin the 1st floor dining had not been assisted toileted until 12:30 PN normal routine was to by 7:00 or 7:30 AM. Othe resident had push	g, occasionally incontinent of tinent of bowel. If of the comprehensive care evealed a problem of "At ne/Requires Extensive intions included, "Assist ore 10:00 AM as she are decisions and be as neverns and schedules as atte and meet all needs on a ce required with transfers, if mobility, and personal to use call light for needs" Ident on 6/9/15 at 12:55 PM room revealed the resident of out of bed, dressed, or the first out of the continued interview revealed the reall light 3 different ance to get up out of bed	F 2	82			
F 312 SS=F	1 West nurses station as a CNA. The LPN s to be up by 7:00 AM, get them up but there Continued interview canswer the call light for different times that da assistance with transf to provide bathing or explained she had be	onfirmed the LPN did or Resident #17 on 3 y and did not provide ers and toileting, and failed dressing after the resident come incontinent. RE PROVIDED FOR	F 3	12			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION NG		
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F 312	daily living receives the	e 33 ble to carry out activities of ne necessary services to n, grooming, and personal	F3	F312 A resident who is unable out activities of daily living will re necessary services to maintain go nutrition, grooming and personal hygiene. Corrective Action Resident #1 be	ceive od and oral	
	by: Based on facility policy review, Shower/Bath (Activities of Daily Livi interview, and observe provide the ADL care needs of 9 (Resident			schedule was reviewed with nursi providing care. Because of resider non-compliant behaviors during be (which including continued screa agitation and hitting at staff), staff been provided with alternate divestechniques to attempt and instruction work with nurse in coordination of Nursing staff were reminded to in Charge nurse immediately if resident refused baths to determine if furth interventions are needed.	ng staff it's ath time ming, f have sional red to bath time. form	
	the revision date of 5/ "Residents determine and/or potential problet loss/eating/nutrition/ Napkin Program" For red napkin will design serve as a visual remine over-site and monitoricue/assist/remind resimealOffer substitution eaten"	need to have significant em with weight will be placed on the Red urther review revealed "A ate resident at risk and will nder to staffto provide ng during mealsTo dent to eat each on when food is not being		Resident #4 ADL needs were reviecare plan updated to show resider preferences for getting up. Charge was educated to coordinate CNT sprovision of care. Resident #8 Toileting and incontineeds were reviewed and care plamodified as needed to show need regular incontinence checks. CNT counseled and re-educated on regrounds to check for incontinence experience.	nurse taff in nence n for staff were ular pisodes.	
	Impaired Resident" re assisted, as needed, t adequate nutrition is p	d facility policy "Feeding the vealed "Residents are o consume each meal so provided." Further review are dishes and silverware so		Resident #10 Red Napkin protocol reviewed with nursing staff working		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	***************************************	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 312	the resident can reach cartons and give naph slowlyAlternate food and neededAlternate should be offeredif than half the mealC and hands when the repercentage (%) of foo 50%, 75%, or 100% Review of the undated "Bath/Shower" reveals kept clean routinely the bathing or shower. Rebath/shower at least 2 choices will be taken in what time of day and they would preferReshould be reported to Continued refusals of reported to family" Review of the facility of severaled the shower/baccording the the residuction of the facility of the facil	them easilyOpen all control to the residentFeed as and liquids, as desired a foodsor supplements, the resident consumes less lean the resident's mouth meal is finishedRecord the disconsumption, as 25%, " If facility policy and "each resident shall be be rough the use [of] bed as a sidents will have a set times a week. Resident's not consideration as to the day of the week that a fusals of bath/shower their charge nurse. The bath/shower will be a shower/Bath schedule and has assigned dent's room number. The disconsideration as to go food and the state of the second of	F 312	F312 continued floor dining area to assure their understanding. Nursing staff were als educated about dignity issues for resi- in need of assistance with food set up Resident #11 clothes were changed a staff were also educated about dignity issues. Because of resident's non com- behaviors during ADL care(cursing, agitation and hitting at staff), staff ha been provided with alternate diversion techniques to attempt and instructed work with nurse in coordination of bat Nursing staff were reminded to inform Charge nurse immediately if resident refused baths to determine if further interventions are needed. Resident #13 bathing needs were addressed with nursing staff who regu- provide her care. Because resident oft exhibits non compliant behaviors durin ADL care(cursing, and hitting at staff have been provided with alternat diversional techniques to attempt and instructed to work with nurse in coordination of bath time. Nursing sta were reminded to inform Charge nurse immediately if resident refused baths determine if further interventions are needed. Resident #14 will be offered at least to meals each in the dining room.	dents of and of appliant ove nal to th time. of appliant ove nal to th time. of appliant ove the time. ove the tim

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F 312	possibleWhenever Technician/Aide] staff inform their Charge N member on that hall to can be answered" Medical record review admitted to the facility including Odontoid Fr Bipolar with Psychotic Parkinson's Disease, Disturbances, Hemipl Advanced Alzheimer's Medical record review Data Set (MDS) dated Resident #1 was cogramke self understood Further review docum totally dependent and assistance for persons Medical record review dated 5/10/15 docume severely cognitively in self understood and u Further review docum remained totally dependent and assistance for transfer Medical record review original date of 11/10/date of 5/5/15, docum "Impaired Activities for further decline/Record review for further decline/Record for transfer further decline/Record for transfer for further decline/Record for transfer for further decline/Record for transfer further decline/Record for further decline/Record for transfer further decline/Record for further fur	CNT [Certified Nurse go on break, they must urse or another staff o assure that their call lights revealed Resident #1 was on 11/4/13 with diagnoses acture/Cervical Spine, Behavior, Depression, Dementia with Behavioral egia, Diabetes Mellitus, Disease. rof the Annual Minimum d 11/9/14 documented nitively impaired, could and understood others. ented the resident was required 1 person al hygiene and bathing. rof the Quarterly MDS ented Resident #1 was inpaired, usually could make sually understood others. ented the resident indent with 1 person rs and bathing. rof the care plan with the 14, with an updated goal ented Resident #1 had of Daily Living (ADL), At risk quires assistance" Further the interventions of "follow and bed baths equired with transfers,	F3	Her care plan has been changed that. Her bath schedule was revienursing staff providing care. Staff instructed that if resident refused care or if bathing is unable to be they must inform charge nurse or supervisors to arrange for alternations schedule. Resident #15 toileting needs were discussed with Activity staff mem question to assure that she follow nursing staff assigned resident's of getting her toileted. All staff have instructed to seek nursing staff we toileting needs are mentioned by Bathing needs for resident were obathing stretcher, if bathing is chobathing. Staff have been instructed Nurse Management when such issue Resident #17 get up schedule and time have been reviewed with her Services is working with resident establish a time that can best me expectations that does not conflict breakfast for all residents. Method of Correction for all resident resident needs can be met. Week	ewed with were bathing given that te e ber in ed up with care for been hen residents. changed to late a bice of d to notify sues arise. I grooming r. Social to et her t with ents with Nurse o ensure		

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Review of the medical record revealed F #1 was in room 123 A prior to 5/22/15 ar changed to room 120 B after 5/22/15. Review of the Shower/Bath Schedule reroom 123 A was scheduled for Tuesday, Thursday and Saturday at 7:00 AM-3:00 room 120 B was scheduled for Tuesday, Thursday and Saturday at 3:00 PM-11:0 Review of the ADL Flow Log documenter Resident #1 received a shower 4 out of copportunities in January 2015; 5 out of 1 opportunities in March 2015, 0 out of 13 opportunities in March 2015, 1 out of 13 opportunities in May 2015, and 1 out of copportunities in May 2015, and 1 out of copportunities from June 1 - 15, 2015. Interview with Licensed Practical Nurse (#13 on 6/9/15 at 2:12 PM at the 1 East in station when asked why Resident #1 had received a shower in 2 months stated, "I know she hasn't had a shower at allted [Certified Nurse Aides] usually tell me wh [resident] refuses." Interview with the Director of Nursing (DC 6/15/15 at 3:20 PM and 6/16/15 at 1:00 F pharmacy room when asked if Resident received showers per the Shower/Bath Sconfirmed, "no shower had been provided times a week as scheduled" Medical record review revealed Resident admitted to the facility on 4/9/13 with diagincluding Congestive Heart Failure, Alzhein characteristics.	Resident and vealed PM and O PM. d of 14 2 13	F312 continued Administration and Nurse Man review staffing needs for prior forecast needs for upcoming withat adequate staffing levels a maintained. The facility has contracted with services to supplement opening schedules. Additionally the factorial marketed on several online sith added a link to their website for employment. A new wage structure has been to ensure rates are competitive bonus program encouraging comployees to refer friends. Facility changed individual to not staffing. Staff schedules have been to provide more even coverage week. Orientation to be reassessed to staff retention needs. Task force Management and some CNT ston evaluation of and updating orientation. Staff education to be presented to assistance needs. All education documented.	week and reek to ensure re h agency gs in nursing ility has es as well as or n developed e along with a urrent nanage the been modified e seven days a o focus on ce of caff to work of d as per prior dignity, meal		

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F 312	Disease with Dement Muscle Weakness, a Medical record review 12/21/14 documented moderated cognitive review documented the extensive assistance dressing and total assistance dressing an	ia, Depression, Aphasia, and Seizures. If of a Quarterly MDS dated the resident had impairment. Continued the resident required of 1 person for hygiene and sistance of 1 person for Is at 9:25 AM, revealed the resident of a management of	F 3	F312 continued QAPI and monitoring Nurse Administration and Adm review staffing schedules to re staffing schedules daily Monda Friday and telephonically with nurse leadership to assure for a to be met for resident requirer MDS information found in the 802 forms on resident assistant be utilized weekly to assure th level meets the care needs of population. Administrator and will provide a forecast of reside ADLs based on census at desige each week to present to the N Administration in their schedul staffing sheets have been mod assure daily monitoring by Nur Management /Administration. is 2.85 or higher. At the weekly week's staffing sheets will be resee if compliance of 85% is me will also reflect resident care a bathing and toileting needs. M will include compliance on the numbers as well as compliance and toileting non compliance of Findings will be reviewed at Q with compliance reported and additional needs or modification	eview pos ay through weekend staffing naments. CMS672 ance needs nat staffing resident MDS nurse ent needs gnated da lurse ling. Dailly diffied to rse NHPPD gn y review, previewed et. Reviewed et. Reviewed et. Reviewed et of bathing decreasing API meeting discussed	eted h leeds and s will g se s for ay of v oal prior to ws ents ng g ing	

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F 312	Stenosis. Medical record reviet 12/14/14 documented cognitively impaired. documented the resi was totally depender always incontinent or 10/2014 and updated resident was inconting Continued review do "Resident will be kep review date", and into "provide incontinent needed" Further redocumented the residing pairment due to ind "check frequently for incontinence" Observation of Resid 7:40-8:39 AM, reveal 1st floor dining room observation at 9:00 A was seated in a gerial from the 1 West nurs observation at 10:45 seated in the geriatric during an activity. Coresident revealed she room at 11:50 AM. Futher resident was in that which time she was the hall across from t Further observation at Further observation at 10:45 seated in the geriatric during an activity. Coresident revealed she room at 11:50 AM. Futher resident was in that which time she was the hall across from t Further observation at 10:45 seated in the geriatric during an activity. Coresident revealed she room at 11:50 AM. Futher observation at 10:45 seated in the geriatric during an activity. Coresident revealed she room at 11:50 AM. Futher observation at 11:50 AM. Futher observation at 11:50 AM.	w of a Quarterly MDS dated d Resident #8 was severely Continued review dent was non-ambulatory, at for hygiene, and was bowel and bladder. w of the care plan dated a 3/21/15 documented the goal was, to clean and dry thru next erventions included to care and change briefs as eview of the care plan dent was at risk for skin continence with a goal of y" and interventions or episodes of the resident was in the for breakfast. Further I.M., revealed the resident titric chair in the hall across	F 31	2 Completion Date Agency contracts set up 06/12 New wage structure 06/30/ Nursing Education on compliance needs for all residents 07/18/1 Staffing needs audit using CMS 67 07/16/15 Administration/Nurse Managements staffing reviews 6/19/15 Orientation task force reviews and orientation 07/21/15	of bathing 15 2 and 802 at daily		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR	1	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	1 00	110/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 312	Further observation re remained in the dining. Interview with Certifie 6/15/15 at 4:45 PM, in revealed she had con Stated she had not ye incontinence. Continue resident would remain supper and after that she was ready for bed revealed the resident incontinence and charbe. Continued interviel last been checked for the previous shift who resident's care. Interview with LPN #6 the 1 East Hall, revea care for Resident #8 of 6/15/15. Continued in resident was checked the morning of 6/15/15 during his shift. Contitue the resident had not be incontinence care. Interview and observation of 6/15/15 at 11:18 AM in revealed she was asset this date. Continued in resident was out of be chair before she came Continued interview resident checked for incompours. CNA #1 was the	d Nurse Aide (CNA) #15 on the hall outside room 115, the on duty at 3:00 PM. It checked Resident #8 for the dinterview revealed the the in the dining room through the would sit in the hall until the dining room through the would be checked for the man and th	F 312				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
		445157	B. WNG				
	ROVIDER OR SUPPLIER	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		06/16/2015	
(X4) ID PREFIX TAG	((EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		ID PREFIX TAG	2008년		(X5) COMPLETION DATE	
F 312	Continued observation incontinent brief was with CNA #1 at 11:21 had failed to provide it resident in a timely mand the first floor hallway is she had assisted the and dressing when she resident's call light ear interview confirmed the assistance with bathin breakfast as per her publication. Medical record review admitted to the facility including Cerebrovasc Muscle Weakness, Inc. Contracture, and Dem. Medical record review 3/3/15 documented Recognitive impairment, supervision for eating impairment of one uppside). Medical record review 12/15/14 documented [related to] dementia programencourage to daily" Observation of Reside PM in the 2nd floor dir resident was seated in with 7 other residents.	n revealed the resident's wet from urine. Interview AM confirmed the facility incontinent care for the anner. 11 on 6/16/15 at 1:30 PM, in by the elevators, revealed resident with personal care the responded to the relier in the day. Continued the resident had not received any and dressing after reference. The revealed Resident #10 was on 12/10/13 with diagnoses cular Accident, Dysphagia, coordination, Joint the remains. The of a Quarterly MDS dated desident #10 had moderate required set-up help and and had range of motion the rend lower extremity (left) of a care plan dated "at nutritional risk r/t interventionsred napking to eat 75-100% of meals a wheelchair at a table continued observation seated with their backs to resident with their backs to res	F 31				

AND PLAN OF CORRECTION IDENTIFICATION NU		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	1 06	6/16/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI; TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 312	residents. Continued Resident #10 took an right hand and used hand unpeeled it, then observation at 1:22 Phad eaten a banana a plate and self-propelle and staff did not encoher meal. Interview with the DO the pharmacy room wenough facility staff to services for the reside can't say that we've menough facility staff to services for the facility including Dementia with History of Falls, Dyspl Depression, Congestion Diabetes Mellitus. Medical record review 3/10/15 documented Facinity in paired a for 1 person for bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person for Bathing Medical record review dated 5/1 - 31/15 documented Facinity in paired a for 1 person	observation revealed unpeeled banana with her her teeth to open the banana started eating. Continued M revealed Resident #10 and a few bites of food on ed out of the dining room urage her to continue eating. N on 6/16/15 at 2:00 PM in hen asked if there was meet the required care and ents, the DON stated, "I het everyone's needs" Trevealed Resident #11 was on 6/5/14 with diagnoses th Behavioral Disturbances, hagia, Muscle Weakness, we Heart Failure and of a Quarterly MDS dated Resident #11 was severely and required total assistance g. of an ADL Flow Sheet Logumented Resident #11 had at month.	FS	312			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 312	doorway. Continued or resident had dried for pants, and her hair would have been been been been been been been be	the 2nd floor dining room observation revealed the od and stains on her top and as uncombed. 3 on 6/15/15 at 2:45 PM in 2, when asked if any of her ad received their scheduled ted, "nowhen we have 3 no way you have time wers in a while" When has had a shower dule, CNA #3 stated, "hen asked about residents to CNA #3 stated, "have 14 al caretry to check and a shifttry to do twice if the ent #11 on 6/15/15 at 4:39 or requested CNA #16 to continence, the resident was diplaced on the bed. In revealed the resident's and contained a small the resident's buttocks and the resident's buttocks and the ent #10 N on 6/16/15 at 2:00 PM in then asked if there was a meet the required care and ents, the DON stated, "l are everyone's needs"	F3	312				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI		(X3) DATE SURVEY COMPLETED			
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1000 St. 1000 St. 1000 St. 1000	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		2	STREET ADDRESS, CITY, STATE, ZIP CODE 100 STRAHL STREET FRANKLIN, TN 37064	, 00	110/2010
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 312	Medical record review 4/4/15 documented R cognitive impairment assistance of 1 for bath Medical record review dated 5/1 - 31/15 doc received 2 showers the Interview with CNA #2 the 2nd floor near We asked if her assigned showers according to "nonot enough timenonot enough timenonot enough facility staff to services for the reside can't say that we've menutal mitted to the facility including Alzheimer's, Gait Difficulties, Musco Depression. Review of the undated "Maintaining ADL Skill provides the necessar attain or maintain the mental and psychosological maintain the mental and psychosological record review admitted to the facility including Alzheimer's, Gait Difficulties, Musco Depression.	of a Quarterly MDS dated desident #13 had severe and required total thing. of an ADL Flow Sheet Log umented Resident #13 had nat month. on 6/15/15 at 2:45 PM on est nurses station, when residents received their the schedule, stated, he to do showers" Non 6/16/15 at 2:00 PM in hen asked if there was meet the required care and ents, the DON stated, "I het everyone's needs" revealed Resident #14 was on 8/6/14 with diagnoses Dementia with Behaviors, le Weakness and d facility policy titled s" revealed "The facility y care and services to highest practicable physical,	F	312			
	impaired and required	ly MDS dated 2/15/15 ent was severely cognitively extensive assistance from and bathing. She required					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED C 06/16/2015	
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F 312	extensive assistance and assistance from a considerity on the over her. The resident had designated the reside assistance with meals was no staff present to Continued observation trying to drink from an juice. Further observation trying to drink from an juice was still unopend no one was assisting. Observation on 6/8/15 resident's room reveal bed, her pureed break the bed table in front of was lying against the was spilled on the fooresident was patting the was spilled on the fooresident was patting the There was food and phands, and forearms. hands and stated, "plefeels like it's going to get somebody, tell the observation revealed it resident's room at 8:36 the room and kept on 8:42 AM. CNA #5 enter and removed the unear linterview with CNA #1	from 2 people for transfers 1 person for eating. 5 at 7:53 AM in the led the resident was sitting 2) with a pureed breakfast or the bed table in front of a red napkin which int needed additional and observation. There is coach or cue the resident was a unopened carton of orange ation at 8:09 AM revealed the resident was not eating, and the resident. 5 at 8:35 AM in the led the resident was in the diast tray was on the over of her. The resident was in the diast tray was on the over of her. The resident's head right upper side rail. Milk diand on the tray. The ne food with her hands, epper on her gown, both The resident held out her ease help me, it hurts, it crack, please help me, go am I said." Continued LPN #12 walked past the B AM. CNA #10 looked into walking down the hall at ered the room at 8:48 AM aten breakfast tray. 3 on 6/9/15 at 1:35 PM in this confirmed staffing was	F3	12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	100 302	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		06/16/2015	
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F 312	resident's,"I'll get to you were supposed within 1-2 minutes." (percent) of the time with feeding and cue deficiencies, but night itwhen night shift soff " Observation on 6/10/dining room revealed residents requiring fecueing/coaching assistaff member present assisting another resobserved eating her Review of the Shower Resident #14 was to Monday, Wednesday PM shift. Interview with CNA # the pharmacy room of unable to push the car CNA #5 confirmed wiregularly, and eats in resident will eat most confirmed the resident shower 3 times per whad 18 residents to coshift, and 16 of them stated, "I haven't ever my residents, it's too Interview with LPN #7 the pharmacy room sheing done." The LPN #7 the pharmacy room sheing done." The LPN #7 the pharmacy room sheing done." The LPN	you in a minute,' because to answer the call lights The CNA stated, "70% the resident's needs are met ingall shifts have at shift gets the brunt of affers, it throws everybody the state of the stat	F3	12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	oog I	06/16/2015
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	total residents] is not overwhelmed and the Continued interview with the DOI the pharmacy room with enough facility staff to the residents, the DOI we've met everyone's Medical record review admitted to the facility including Dementia, A Hypertension, Oral Dy Anxiety with Depression Review of the Annual documented the resident memory impairment at assistance from 1 perstransfers. The resident bladder and bowel. Medical record review plan dated 6/3/15 documented ADL's at risk interventions including showersStaff to anticon a daily basisAssistransfers toileting dress personal hygiene" Codocumented another placontinent of Bowel a recurrent UTI. Interventially care for resident;	techs are worn out" with the LPN stated, "We do connel to keep people safe." N on 6/16/15 at 2:00 PM in then asked if there was meet the required care for N stated, "I can't say that needs." revealed Resident #15 was on 6/14/13with diagnoses bnormal Posture, sphagia, Hallucinations, on. MDS dated 6/3/15 that had short and long term and required extensive son for bed mobility and the was always incontinent of the comprehensive care the comprehensive care the comprehensive care the comprehensive care that and meet all needs stance required with sing bed mobility, and continued review problem of Resident was always incontinued review problem of Resident was	F	312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 312	Observation of Resid PM in the 1st floor dir resident was seated in had just finished being the Activities Director 12:57 PM revealed the go to the bathroom." stated, "You'll have to you." Continued observation of the resident to he Assistant was taking a dining room and said returned. The Activities PM and pushed Resident of the dining room resident's room and le Continued observation lying in the recliner with stated "take it off, it had the resident. At 13:30 the survyor to check to The resident was most the bed, and was four linterview with CNA #1 confirmed the resident was most the bed. Resident #15. Medical record review schedule revealed Reshower every Tuesday. Interview with CNA #1 the pharmacy room cowas not capable of pure assistance. Continued assistance. Continued assistance.	ning room revealed the in a reclining Geri-chair, and ig assisted with her lunch by a Continued observation at the resident stated, "I have to The Activities Director to wait until a tech can take extration revealed the set the Activities Assistant to the room. The Activities another resident out of the she would when she as Assistant returned at 1:05 dent #15 in the Geri-chair in into the hallway beside the eff her sitting there. In revealed the resident was the her eyes closed, and turts." No one came to assist PM CNA #13 was asked by the resident for incontinence. We into the room, placed on and to be incontinent of urine.	F 3.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064				
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F 312	too small to accommend the resident could on the shower chair. Interview with LPN #' the pharmacy room of being done" as scheet the pharmacy room we enough facility staff to the residents the DON we've met everyone's Medical record review admitted to the facility including History of a resulting in Left Sideo Cervical Pain, Chronic Disease, Diabetes, and Review of the Quarter documented the resident required extensive for bed mobility, transpersonal hygiene. The dependent for bathing urine and always continued to get up before desires; Allow to makinvolved with care corable; Staff to anticipation.	de as the shower room was odate a shower stretcher, do not tolerate sitting upright 12 on 6/11/15 at 3:30 PM in confirmed "showers are not cluled. Non 6/16/15 at 2:00 PM in then asked if there was of meet the required care for Nostated, "I can't say that needs." A revealed Resident #17 was non 1/31/08 with diagnoses Cerebral Vascular Accident Hemiplegia, Chronic Cobstructive Pulmonary and Anxiety. Type MDS dated 4/12/15 ent was cognitively intact, the assistance from 1 person fers, dressing, toileting and the resident was totally processionally incontinent of the comprehensive care everled a problem of "At the/Requires Extensive ntions included: Assist ore 10:00 AM as she	F3	112				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		200 STF	ADDRESS, CITY, STATE, ZIP CODE RAHL STREET KLIN, TN 37064	1 06	/16/2015
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F 312	toileting, dressing bechygiene; Encourage to hygiene; Encourage to Interview with the resi in the 1st floor dining had not been assisted toileted until 12:30 PM normal routine was to by 7:00 or 7:30 AM. Of the resident had push times to ask for assist and to be assisted to interview revealed ever the LPN she needed to later that she was wet provided. The residen urine and had to lie in hours before being att Interview with LPN #6 1 West nurses station as a CNA. The LPN stobe up by 7:00 AM, and get them up but there Continued interview coanswer the call light for different times that day assistance with transfet to provide bathing or dafter the resident explainment. Interview with CNA #5 the pharmacy room coalert and normally constated, "the only reason assistance," the only reason as a continued interview of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated, "the only reason as a continue of the pharmacy room coalert and normally constated," the only reason as a continue of the pharmacy room coalert and normally constated.	I mobility, and personal of use call light for needs. dent on 6/9/15 at 12:55 PM room revealed the resident out of bed, dressed, or the resident stated her be up, bathed, and dressed ontinued interview revealed ed her call light 3 different ance to get up out of bed the bathroom. Continued an after the resident had told to go to the bathroom and the no assistance was at became incontinent of her saturated bed for 5 tended to. on 6/9/15 at 1:50 PM in the confirmed he was working ated, "The residents want and nights are supposed to isn't enough staff." onfirmed the LPN did or Resident #17 on 3 or and did not provide the same of the s	F	312			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CLAIBORNE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	00/10/2013	
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AM in the resident's relie in urine for 5 hours stated, "I don't like per up at 7:00 [AM] not 12 there wet and I hate it awful, and I hate it" Interview with the DON the pharmacy room we enoughfacility staff to the residents the DON we've met everyone's The facility was cited a Care for the failure to provide residents with Living, bathing, incont necessary in order to 483.25(c) TREATMEN PREVENT/HEAL PRE Based on the comprete resident, the facility method enters the facility does not develop presindividual's clinical conthey were unavoidable pressure sores receives services to promote he prevent new sores from This REQUIREMENT by:	on #17 on 6/11/15 at 11:00 com confirmed she had to com 6/9/15. The resident eing on myself. I like to be 2:30 [PM]I just had to lay cmade me feel pitiful, N on 6/16/15 at 2:00 PM in hen asked if there was meet the required care for I stated, "I can't say that needs. at a Substandard Quality of provide adequate staffing to the Activities of Daily inence care and feeding, meet the resident's needs. IT/SVCS TO ESSURE SORES The sores unless the diction demonstrates that exist and a resident having the sores unless the didition demonstrates that exist and a resident having the sores unless the modition demonstrates that exist and a resident having the sores unless the modition demonstrates that exist and a resident having the sore sore the sore sore sore sore sore sore sore sor	F 314	F314 The facility will assure that a resident who enters facility without a pressure ulcer does not develop pressulcers unless the individual's clinical condition demonstrates that they were unavoidable. Corrective Action Resident #12 was be evaluated by outside Wound clinic and awound management group contracted the facility. Weekly skin assessment was available is now completed weekly. Method of Correction for all Residents Weekly skin assessments have been assigned to the 11-7 shift nurses to complete. Nurses will report off assessments completed to Nurse Management for current audit conduct weekly using resident roster for checkin completed skin assessments. List will be checked on Fridays to assure complete and any assessments not done, will be completed before weekend. Any new sissues will be reported immediately to resident to the surface of the surface o	ed ng off ne ness kin	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Carlo Cambridge Control Control Control	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 314	Continued From pag	ge 51	F 314			
	record review and in monitor and evaluat findings weekly for residents reviewed. The findings include Review of the "NAU Prevention" quick re "weekly assessme the health profession regularly, detect compossible, and adjust accordingly" Medical record revie admitted to the facili including Right Knee Dysphagia, Dementi Pressure Ulcer Right Medical record revie Data Set dated 5/13/#12 had severe cogrequired total assistativing. Medical record reviee 6/1 to 6/30/15 reveal to treat right heel, comments to the facili including Right Knee Dysphagia, Dementi Pressure Ulcer Right Medical record reviee Data Set dated 5/13/#12 had severe cogrequired total assistativing. Medical record reviee 6/1 to 6/30/15 reveal to treat right heel, comments wounds were evaluated exudate, wound bed	therview, the facility failed to e wounds, and document (Resident #12) of 17 d: AP Pressure Ulcer ference guide revealed ents provide an opportunity for nal to assess the ulcer more inplications as early as the treatment plan we revealed Resident #12 was the treatment plan we revealed Resident #12 was the infection, Joint Stiffness, a, Hypertension, and theel. we of an Annual Minimum (15 documented Resident initive impairment and ance for Activities of Daily) we of Physician's Orders for ed Resident #12 had orders ccyx, and left foot.	Nig wer OAl or t and assorepo 80% nee edu will in si Com Nigh asso	A continued nagement for further essment/treatment. In nurses have been re-educated on ekly skin assessment protocol. Pland monitoring Nurse managementer designee will utilize a resident rost check off each week completed skin essments_and provide a compliance ort to DON. Compliance threshold will and reviewed at QAPI meeting for dof further evaluation/modification/tation. Nurses who are non compliant to ecounseled and educated on their residual and educated on their residual and the ecounseled and educated on the ecounseled and educated on the ecounseled to nurses re-educated on weekly skin ssment protocol 6/22/15 Kly audit of completion of skin ssments 7/16/15	ter be	
	edges and staging of 6/15/15.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445157	B. WING		C 06/16/2015	
CLAIBORNE AND HUGHES HLTH CNTR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)				STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064 PROVIDER'S PLAN OF CORRECTION (X5)		
	confirmed the facility weekly assessment of 483.25(k) TREATMENT NEEDS The facility must ensure proper treatment and special services: Injections; Parenteral and enteral Colostomy, ureterostor Tracheostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT by: Based on medical recand interview, the faci prosthetic care was prof 17 residents review The findings included: Medical record review admitted to the facility including Peripheral Vibelow the Knee Amput Hypertension.	floor supervisor's office had failed to complete a f the resident's wounds. NT/CARE FOR SPECIAL are that residents receive care for the following If fluids; amy, or ileostomy care; is not met as evidenced cord review, observation, lity failed to ensure proper ovided for 1 (Resident #9) ed. revealed Resident #9 was on 12/12/14 with diagnoses ascular Disease, Bilateral tee, Muscle Weakness and Minimum Data Set (MDS) ented the resident was required extensive	F 314		CNA was for ons etics. t have of ns are ents e and rsing olete thetic ts use al d. ces group	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF F	BOVIDED OF CURRILIES	445157	B. WING		06	3/16/2015	
	ROVIDER OR SUPPLIER	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PR		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 328	assistance from 1 per The resident was total assistance from 1 per toileting. Observation and inter 6/16/15 at 8:00 AM in revealed the resident the corner of the room dressing on her left st resident stated she has interview revealed the doctor on 6/11/15 and prosthetics. Continue resident was told she (wheelchair) with her herself around using heach day to build up no resident stated a CNA prosthestics on Friday the WC. Continued intresident did not receive weekend using the prowing the word because on Sundappeared. Medical record review Physician/Prescribers no orders for prosthetic resident. Interview with LPN #2 the 1 East nurses stating orders for prosthetic Resident #9. Continue were no transfer order documentation received.	son for personal hygiene. Ily dependent requiring son for bathing and view of Resident #9 on the resident's room is prosthetics were sitting in a the resident had a sump dated 6/15/15. The id a blister. Continued resident had gone to the received her new id interview revealed the was to sit in a WC prosthetics on and wheel iter'new legs" for 1 hour inuscle strength. The helped her put the helped her put the e assistance over the esthetics or sitting in the ay, 6/12/15, a blister of the orders revealed there were in the orders revealed the order	F 32	and CNT staff who provide care for have been checked off on their understanding of the use and applit the prosthetic devices. Signed tead acknowledgment will be kept in Rechart. Rehab program manager to for compliance in documented eduwith audit showing resident name/prosthetic order/date of orderders in chart/ documented educa Nursing staff. Completion Date Review of MDS assessments for use prosthetic devices 07/08/05 Audit tool utilized 07/10/15	cation of ning sident's monitor cation r/ proper tion of		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION	0	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		06/16/2015	
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION E DATE	
F 328	8:30 AM in the 1 Eashad spoken with the opposite professional skilled in orthopedic appliances notify him there were therapy for Resident revealed the Therapy Orthotist that he had assistant on Friday 6/0 orders were being fax day. Continued intervoliector stated, "I told providing therapy whe the staff how to place type of prosthetic." Con The Orthotist stated for Tuesday (6/15 or 6 and he had shown the on the prosthetics and using correct techniques revealed the Therapy "talked it over with [proceed with allowing prosthetics herself and day" Continued interview deleted by 6/16/15. Interview with LPN #2 the 1 East nurses staft had not yet received office for Resident #9 been sent.	erapy Director on 6/16/15 at thurses station revealed she Orthotist (healthcare making and fitting s) on Friday (6/12/15) to no physician orders for #9. Continued interview Director was told by the contacted the physician's /12/15 and had been told the red to the facility that same riew revealed the Therapy I him I was not comfortable en no one had come to train maintain, and care for this continued interview revealed rewould come on Monday /16/15) to instruct the staff, reresident 4 times how to put disobserved the resident recontinued interview Director stated she had LPN #13] and we decided to the resident to place the dist in the WC for 1 hour a riview confirmed the Therapy of physician orders had been and a faxed request had	F3	28			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH			STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	06/16/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLETION DATE DATE	
F 328 F 353 SS=F	stump and was not at therapy at this time. 483.30(a) SUFFICIEN PER CARE PLANS The facility must have provide nursing and remaintain the highest pand psychosocial well determined by resider individual plans of car	ole to use the prosthetics for NT 24-HR NURSING STAFF is sufficient nursing staff to elated services to attain or practicable physical, mental, l-being of each resident, as int assessments and e.	F 328		d l	
	numbers of each of th personnel on a 24-hor care to all residents in care plans: Except when waived usection, licensed nurs personnel. Except when waived usection, the facility munurse to serve as a chaduty. This REQUIREMENT by: Based on facility policity Shower/Bath schedule record review, intervie (Activities of Daily Living provide sufficient nurs ADL's were provided for a sufficient since the personnel of the personnel o	under paragraph (c) of this es and other nursing ander paragraph (c) of this es and other nursing ander paragraph (c) of this est designate a licensed earge nurse on each tour of a six not met as evidenced expreview, review of the exposervation, medical expression, medical expression, medical expression, the facility failed to ensure the for bathing, dressing, the facility failed to go (Resident #4, 7, 8, 10, 10).		A/7/8/10/11/13/14/15/17 care issues of addressed with respective nursing staff each floor. Method of Correction for all Residents Meal Service education to be conducted with all nursing staff. Nurse Management and Administration round on each floor daily and care staff (LPN and CNT) are to report to Nurse Management or designee and /or Administrator when care cannot be completed. Any concerns noted by Management will involve staff counseling/education on the spot. Residents in needed of dining assistance or re-evaluated by the Risk Committee information shared with respective nursitations to assure proper assistance is loffered.	f on d to f e will and sing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445157	B. WING _			C 06/16/2015	
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		00/10/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
F 353	Review of the facility the revision date of 5/ "Residents determinand/or potential proble loss/eating/nutrition/ Napkin Program" Fred napkin will design serve as a visual remiover-site and monitoricue/assist/remind resimealOffer substitution eaten" Review of the undated Impaired Resident" reassisted, as needed, the adequate nutrition is prevealed the "Arrangthe resident can reach cartons and give napk slowlyAlternate food and neededAlternate should be offeredif than half the mealCl and hands when the representage (%) of foo 50%, 75%, or 100% Review of the undated "Bath/Shower" revealed kept clean routinely the bathing or shower. Rebath/shower at least 2 choices will be taken in	Red Napkin Protocol, with (27/15, revealed ned to have significant em with weight will be placed on the Red urther review revealed " A ate resident at risk and will inder to staff to provide any during meals To ident to eat each on when food is not being during meals are to consume each meal so provided." Further review age dishes and silverware so in them easily Open all as and liquids, as desired to the resident consumes less lean the resident's mouth meal is finished Record the dishest consumption, as 25%, " If facility policy and facility policy are dishest and resident shall be be tough the use [of] bed	F3	Each resident's bathing schedureviewed with the resident (if cognitively able) to assure bathare met as needed/desired. Ac assign task force members to residents, when possible and the needed regarding bathing present the computer service will be shared with MD reflect any changes needed for and MDS nurse will update star modifications necessary for probathing care. Modifications will least quarterly in conjunction wassessments. Nurse Management will adjust schedules posted at nurses stathe Care Tracker computers are communicate and educate CN complying with the bathing schedules and the protocol for correctly, dealing with refusals reporting concerns to charge reducation will be documented. Staffing levels are reviewed da Management and Administrator esident needs can be met. We Administration and Nurse Manareview staffing needs for prior forecast needs for upcoming with a dequate staffing levels a maintained.	ching needs dministrator to interview families when ferences. DS nurse to or Care plan aff on any oviding II be made at with MDS bathing ations and in and T staff on hedules for documenting and hurse. All with Nurse or to ensure eekly, agement will week and beek to ensure		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF D	DOVIDED OD GUDDUES	445157	B. WING_			06/	16/2015	
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
CLAIBOR	NE AND HUGHES HLTH	CNTR		2	00 STRAHL STREET			
			- 02-1001-1-10	F	RANKLIN, TN 37064			
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F 353	Continued From page		F S	353				
	they would preferRe	efusals of bath/shower			F353 continued			
	should be reported to							
	Continued refusals of	f bath/shower will be			The facility has contracted with agence	v		
	reported to family"				services to supplement openings in nu			
	1.64 S#2				schedules. Additionally the facility has	5		
	Review of the facility	Shower/Bath schedule			marketed on several online sites as we	ell as		
	revealed the shower/l				added a link to their website for	Jii GS		
	according the the resi				employment.			
	Further review reveal	ed no showers were						
	scheduled for Sundays.		3		A new wage structure has been devel	oped		
					to ensure rates are competitive along			
	Review of the facility	policy "Resident Call Lights"			bonus program encouraging current			
		olicyfor all employees to			employees to refer friends.			
	assist in the answerin	ng of call lights in a timely						
		view revealed " Staff to be			Facility changed individual to manage	the		
	alerted when the call	lights soundand work to			staffing. Staff schedules have been mo		1	
		inutes whenever possible. If			to provide more even coverage seven o		1	
		esponds is not a nursing			week.	.a,s a	1	
		quest is nursing related, it is					1	
		sponsibility to find a nursing			Orientation to be reassessed to focus	on		
		the concern and follow up to		- 1	staff retention needs. Task force of			
	assure situation is har			- 1	Management and some CNT staff will			
	possibleWhenever				conduct evaluation of and updating of			
		go on break, they must			orientation.			
	inform their Charge N							
		o assure that their call lights			QAPI and monitoring			
	can be answered"				Nurse Administration and Administrato	or to		
	Observation during th	- initial to 0/0/45 -t			review staffing schedules to review po			
		e initial tour on 6/3/15 at			staffing schedules daily Monday through			
	5:15 AM, on the 2nd floor, revealed staffing posted on a dry erase board for current shift to include 1 Licensed Practical Nurse (LPN) and 1				Friday and telephonically with weeken		1	
					nurse leadership to assure for staffing			
		(CNA) for a census of 42			to be met for resident requirements.			
	residents.	CIVA) IOI a CELISUS OI 42			MDS information found in the CMS672	and		
	residents.				802 forms on resident assistance need			
	Interview with LDNI #0	on 6/3/15 at 6:45 AM at the			be utilized weekly to assure that staffing			
		, when asked if staffing with			and start	.5		
		s sufficient for a census of						
		used to have more staff no				- 1		

				ULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
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10.753		445157	B. WING			/16/2015	
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	1 00	110/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	CTIVE ACTION SHOULD BE COMPLE NCED TO THE APPROPRIATE DATE		
	one to call extrawou emergency" Observation on 6/3/18 floor dining room reversaff providing total feresidents, who were at to the left of the room. Their backs to the other room. To of the 12 residence tangle table to the 7, 1 was drinking milk 1 was only eating the revealed the 3 staff meding assistance to room. Medical record review admitted to the facility including Congestive Find Disease with Demential Muscle Weakness, and Medical record review Data Set (MDS) dated moderate cognitive im documented the residence assistance of 1 persor Interview with LPN #12 the pharmacy room repreferred to get dressed Observation on 6/16/1 Resident #4 in her roo type gown and seated	at 12:40 PM in the 2nd aled 17 residents with 3 eding assistance to 5 ll seated at 2 feeding tables. The 3 staff members had at 12 residents in the dining dents were seated at a large right of the room. Of those but not eating the food, and bread. Observation embers were not providing the 7 residents in the dining to 4/9/13 with diagnoses leart Failure, Alzheimer's a, Depression, Aphasia, d Seizures. of a Quarterly Minimum 12/21/14 documented had pairment. Continued review ent required extensive for hygiene and dressing. 2 on 6/11/15 at 3:56 PM in wealed the resident ed after breakfast. 5 at 9:25 AM, revealed m, dressed in a hospital in a wheelchair.	F 35		nurse eeds for d day of paily to D goal tw, prior ted to to tidings th for ogram 15 bathing		
	the pharmacy room repreferred to get dresse Observation on 6/16/1 Resident #4 in her roo type gown and seated	vealed the resident ed after breakfast. 5 at 9:25 AM, revealed m, dressed in a hospital in a wheelchair.		New wage structure 06/30/15 Staffing needs audit using CMS 672 a			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(2) (3)	(X3) DATE SURVEY COMPLETED	
		445157	B. WING			C 06/16/2015	
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 353	remained in her room asked if she was wait her with getting dress "Yes" and became te resident was asked if light to request assistalight switch on the wa wanted the surveyor to nodded "Yes." Observation on 6/16/10 CNA #11 responded to activated by the surveyor tequest, entered the rethe door. Interview with CNA #11 the 1st floor by the elegate has been assigned to a date but she did answearlier in the day. Conhad assisted the resident assistance with dressing because her busy to assist the resident assistance with dressing Medical record review admitted to the facility including Hypertension and Anxiety. Medical record review 4/17/15 documented to intact. Continued reviewed externion of the resident required externion assistant required externions.	ing on someone to assist ed, the resident responded arful and upset. When the she had used the nurse call ance, she pointed to the ll. When asked if she o activate her call light, she 15 at 11:06 AM, revealed o Resident #4's call light, eyor per the resident's esident's room and closed 1 on 6/16/15 at 1:30 PM, in evators, revealed she had care for Resident #4 this er the resident's call light tinued interview stated she ent with personal care and assigned CNA was too dent. Continued interview thad not received ng in a timely manner. revealed Resident # 7 was on 5/21/10 with diagnoses n, Schizophrenia, Obesity, of an Annual MDS dated the resident was cognitively ew documented the	F3	353			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		# GP004#10000000000000000000000000000000000	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		445157	B. WING _		C 06/16/2015
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	1 00/10/2013
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F 353	Review of the facility the resident was to he per week. Medical record review for 5/1/15-6/6/15 reverceived a total of 8 st. Continued review reverceived a shower for Interview with CNA # pharmacy room, reverceived care for Resi Continued interview residents assigned to incontinent. Continued incontinent. Continued interview with CNA # the hallway outside reusually assigned to cher shift. When asked provide adequate car stated "when the faresidents don't get shalways get checked [hours" Medical record review admitted to the facility including Aftercare of Dysphagia, Dementia Stenosis. Medical record review 12/14/14 documented cognitively impaired.	shower schedule revealed have a shower three times w of the ADL Flow Sheet Log healed Resident # 7 had showers from 5/1-24/15. Wealed the resident had not form 5/25/15-6/6/15. 5 on 6/10/15 at 2:42 in the healed she was assigned to dent #7 on this date. We revealed she had 18 of her and 16 of those were head interview revealed in checked for incontinence for 13-17 residents on and if she felt she was able to be for 13-17 residents, she will it is understaffed the howers, and they don't for incontinence] every two for incontinence in revealed Resident #8 was and Aortic worf a Quarterly MDS dated at Resident #8 was severely	F 39	53	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
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	ROVIDER OR SUPPLIER	CNTR	:	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 353	Observation of Resid 7:40-8:39 AM, reveal dining room for break 9:00 AM, revealed the geriatric chair in the hurses station. Further evealed the resident in the dining room du observation of the resermained in the dining observation revealed dining room until 1:10 observed transported 1 West nurses station 2:30 PM, revealed the room for activities. Futher esident remained PM. Interview with CNA # the hall outside room come on duty at 3:00 checked Resident #8 interview revealed the the dining room throuwould sit in the hall uncontinued interview resident had last be incontinence by the shad been assigned to linterview with LPN #6 linterview with LPN #6	ent #8 on 6/15/15 at ed the resident was in the fast. Further observation at e resident was seated in a hall across from the 1 West er observation at 10:45 AM, seated in the geriatric chair ring an activity. Continued sident revealed she g room at 11:50 AM. Further the resident was in the D PM, at which time she was to the hall across from the a. Further observation at e resident was in the dining orther observation revealed d in the dining room at 4:15 15 on 6/15/15 at 4:45 PM, in 115, revealed she had PM. Stated she had not yet for incontinence. Continued e resident would remain in gh supper and after that she ntil she was ready for bed. evealed the resident would inence and changed when continued interview revealed been checked for taff on the previous shift who of the resident's care.	F 353			
		led he had been assigned to on the 7AM to 3PM shift on		\$		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	CNTR	•	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		16/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE	
F 353	6/15/15. Continued in resident was checked the morning of 6/15/15 during his shift. Continued interview continued interview continued interview continued interview and observation of been adequately pure linear l	Interview revealed the for incontinence once on 5 and at no other time nued interview revealed he eck the resident again. In onfirmed the resident had provided incontinence care. Intion with CNA #1 on the resident's room, igned to the resident's care iff. Continued interview was out of bed and seated for she came on duty at interview revealed the she to check the resident for past 4 hours. CNA #1 was the resident for incontinence. CNA #1 transferred d. Continued observation is incontinent brief was wet the revealed Resident #10 was on 12/10/13 with diagnoses cular Accident, Dysphagia, coordination, Joint tentia. In a Quarterly MDS dated desident #10 had moderate required set-up help and and had range of motion for and lower extremity (left) and #10 on 6/3/15 at 12:56	F	353			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445157	B. WING				C / 16/2015
	ROVIDER OR SUPPLIER	-I CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064			1 33/10/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 353	hand, used her teeti unpeeled it, and the Continued observat assist the resident will Medical record revie admitted to the facili including Dementia History of Falls, Dys Depression, Conges Diabetes Mellitus. Medical record revie 3/10/15 documented cognitively impaired Activities of Daily Living Review of Meal Cara 3/1/15, revealed the trays were to be delificated on the divery to the dining red napkin, indicating cueing to eat. 1:13 PM (1 hour and tray delivery to the dright hand was shak in the food on her pleating utensils. 1:15 PM - resident will fingers of her right hand was shak in the food on her pleating utensils.	n to open the banana and in started eating the banana. For revealed the staff failed to with the meal. Ew revealed Resident #11 was to on 6/5/14 with diagnoses with Behavioral Disturbances, phagia, Muscle Weakness, stive Heart Failure and ew of a Quarterly MDS dated at Resident #11 was severely and was total care for wing. Es Time Period, updated 2nd floor dining room meal vered at 12:00 PM. Ident #11 on 6/3/15 in the 2nd realed the following: Es after scheduled tray to groom) - resident's tray had a geshe required assistance or If 13 minutes after scheduled lining room) - the resident's ing as she took it and played ate and never picked up	F 35	53			

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	((X3) DATE SURVEY COMPLETED
		445157	B. WING _			C 06/16/2015
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064			00/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 353	1:21 PM - the resider LPN #4, who was stathe right side of the re"yes?" and Resid and was looking at LI out the doorway and thumb to the edge of chewing motion. 1:26 PM - resident coto the edge of left thustanding while assistidessert. At 1:30 PM I putting food on the spresident and the LPN 1:33 PM - the reside discontinued eating. resident and stated, eating?" and walked the standing with a plastic feed a spoon of pure Resident #11 turned in meal tray away. Interview with Speech 6/10/15 at 10:35 AM idescribing Resident # time and making a characteristic thumbs, stated, "tharacteristic may have been hunged."	nt raised her left hand toward anding near the doorway on from. LPN #4 stated ent #11 had garbled speech PN #4. LPN #4 continued Resident #11 put her left her mouth and started a continued with chewing motion and LPN #5 was observed from the resident to eat LPN #5 was observed from and handed it to the walked away. Int dropped the spoon and CNA #2 approached thehave you finished draway. 35 minutes after scheduled hing room) - CNA #2 espoon and attempted to ead white substance and fread away. CNA #2 took the in Therapist (ST) #1 on an the therapy office, after entits behavior during meal ewing motion on her at's an infantile reflexshe	F 35	33		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445157	B. WING _			20,000,00	C /16/2015	
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	Ē			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE	
F 353	including Dementia, Desychosis, and Musch Medical record review 4/4/15 documented R cognitive impairment assistance of 1 person Review of Meal Cart of floor dining room cart delivered to the floor at Observation on 6/4/15 minutes after schedult the resident's room remeal tray and started Interview with CNA #6 East nurses station strovide the care necefeed everyone with just for those who require Medical record review admitted to the facility including Alzheimer's, Gait Difficulties, Musch Depression. Review of the Quarter documented the reside impaired and required person for eating. Review of the undated "Maintaining ADL Skill facility provides the neto attain or maintain the control of the second control of the residence of the undated "Maintaining ADL Skill facility provides the neto attain or maintain the control of the control of the control of the undated "Maintaining ADL Skill facility provides the neto attain or maintain the control of the control of the control of the undated "Maintaining ADL Skill facility provides the neto attain or maintain the control of	Oysphagia, Osteoporosis, le Weakness. If of a Quarterly MDS dated esident #13 had severe and required total in for eating. Times documented the 2nd was scheduled to be at 7:55 AM. If at 9:15 AM (1 hour and 20 ed delivery to the floor), in evealed CNA #6 set-up the to feed the resident. If on 6/16/15 at 8:00 AM at 2 ated, "not enough staff to ssaryhard to bathe and st 3 techstrays have to sit us to feed them" If revealed Resident #14 was on 8/6/14 with diagnoses Dementia with Behaviors, le Weakness and If MDS dated 2/15/15 ent was severely cognitively limited assistance from 1 If facility policy titled is documented, "The excessary care and services	F3	53				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		445157	B. WING		0	C 6/16/2015
F481 050 500 600 600	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 353	the resident" Observation on 6/3/18 resident's room reveal in her wheelchair (WC tray sitting on the over her. The resident had designated the reside assistance with meals was no staff present to Continued observation trying to drink from an juice. Further observation trying to drink from an juice was still unopend no one was assisting. Observation on 6/8/15 resident's room reveal bed, her pureed break the bed table in front of was lying against the was spilled on the fooresident was patting to the resident was patting to the president held out her help me, it hurts, it fee please help mego go said" The resident was sisting her. Continu LPN #12 walked past AM. CNA #10 looked walking down the hall entered the room at 8 uneaten breakfast tray	at 7:53 AM in the led the resident was sitting by with a pureed breakfast of the bed table in front of a red napkin which int needed additional and observation. There is coach or cue the resident was unopened carton of orange ation at 8:09 AM revealed aten anything, the orange ed, she was not eating, and the resident. The testident was in the stat tray was on the over of her. The resident's head right upper side rail. Milk is and on the tray. The nee food with her hands, or gown, and both hands, or gown, and both hands, or gown, and said, "please the like it's going to crack, et somebodytell them I was alone, and no one was seed observation revealed the resident's room at 8:38 anto the room and kept on	F 35	3		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	65-044-03-00-00-00-0	TIPLE CON	NSTRUCTION		E SURVEY IPLETED
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NAME OF P	ROVIDER OR SUPPLIER	11000	5.5	OTDEE	TARRESS OF ASSESSED	06	6/16/2015
	NE AND HUGHES HLTH	CNTR		200 S	ET ADDRESS, CITY, STATE, ZIP CODE FRAHL STREET IKLIN, TN 37064		
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F 353	Interview with CNA #1 the 1 West nurses stated a problem and stated, "I'll get to you in a min supposed to answer to minutes" The CNA the time the resident's and cueingall shifts shift gets the brunt of it throws everybody of the cueingall shifts shift gets the brunt of it throws everybody of the cueing feet	ation confirmed staffing was a "I've had to tell resident's nute" because you were he call lights within 1-2 stated, "70% (percent) of a needs are met with feeding have deficiencies, but night itwhen night shift suffers, ff" Is at 8:07 AM in the 1st floor Resident #14 was 1 of 7 reding assistance and or stance. CNA #5 was the sent in the dining room, and resident. Resident #14 her pureed diet with her Bath Schedule revealed receive a shower or bath resident, Friday on the 3 PM on 6/10/15 at 2:40 PM in an onfirmed Resident #14 was 1 light to ask for assistance, when the resident was ts in the dining room, the of her meal" The CNA was not receiving a rek as scheduled. The 18 residents to care for on16 of them were even touched three or four	F	353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(>	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	<u> </u>	00/10/2010	
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F 353	being done" The LI issue3 techs with 1 residents] is not enough the techs are worken interview with the LPN enough personnel to laterview with the DO the pharmacy room, we enough facility staff to the residents, the DO we've met everyone's Medical record review admitted to the facility including Dementia, A Hypertension, Oral Dy Anxiety with Depressi Review of the Annual documented the resid impaired; required extra person for toileting; are of 1 person for person Continued review revealways incontinent of Observation of Reside PM in the 1st floor din resident was seated in had just finished being the Activities Director. 12:57 PM revealed the go to the bathroom." It stated, You'll have to you." Continued observations Director asket.	tated, "showers are not PN stated "staffing is an 7 residents each [51 total ghwe are overwhelmed in out" Continued N stated, "We do not have keep people safe" N on 6/16/15 at 2:00 PM in when asked if there was meet the required care for N stated "I can't say that needs" I revealed Resident #15 was on 6/14/13 with diagnoses shormal Posture, rephagia, Hallucinations, on. MDS dated 6/9/14 ent was severely cognitively ensive assistance from 1 and required total assistance hall hygiene and bathing. Ealed the resident was bladder and bowel. Ent #15 on 6/3/15 at 12:55 ing room revealed the a reclining Geri-chair, and gassisted with her lunch by Continued observation at the resident stated, "I have to The Activities Director wait until a tech can take	F3	53			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	1 CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	1 00.10.2010	
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F 353	Assistant was taking dining room and said returned. The Activit PM and pushed Resof the dining room in resident's room and Continued observatilaying in the recliner stated "take it off, it has the resident. At 1:30 the surveyor to check incontinence. The resorm, placed on the incontinent of urine. Interview with the DO the pharmacy room, enough facility staff the residents, the DO we've met everyone' Medical record revies Schedule revealed Fishower every Tuesday the pharmacy room was not capable of passistance. Continual resident was not reconstructed as small to accommodate the resident cannot to shower chair.	another resident out of the dishe would when she ies Assistant returned at 1:05 sident #15 in the geri-chair out to the hallway beside the left her sitting there. On revealed the resident was with her eyes closed, and nurts." No one came to assist PM CNA #13 was asked by the the resident for sident was moved into the bed, and was found to be ON on 6/16/15 at 2:00 PM in when asked if there was to meet the required care for ON stated "I can't say that is needs" We of the Bath/Shower Resident #15 was to receive a lay, Thursday and Saturday. #10 on 6/10/15 at 2:40 PM in confirmed that the resident bushing the call light to ask for led interview revealed the leiving showers per the the shower room was too the a shower stretcher, and colerate sitting upright on the	F 3:	53		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED				
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		1 00/10/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 353	Interview with the DO the pharmacy room, enough facility staff to the residents, the DO we've met everyone's Medical record review admitted to the facilit including History of a resulting in Left Sideo Cervical Pain, Chron Disease, Diabetes, a Review of the Quarte documented the resi required extensive as dressing, toileting and total assistance for be incontinent of urine a bowel. Interview with the resi in the 1st floor dining had not been assisted toileted until 12:30 PN normal routine was to by 7:00 or 7:30 AM. O the resident had push times to ask for assis and to be assisted to interview revealed ev the LPN she needed later that she was we provided. The resider incontinent of urine a bed for 5 hours befor	ON on 6/16/15 at 2:00 PM in when asked if there was o meet the required care for ON stated "I can't say that is needs" We revealed Resident #17 was yon 1/31/08 with diagnoses. Cerebral Vascular Accident di Hemiplegia, Chronic ic Obstructive Pulmonary and Anxiety. Well MDS dated 4/12/15 ident was cognitively intact; is istance from 1 person for di personal hygiene; required athing; and was occasionally and always continent of the identification of the	F 35	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064		06/16/2015	
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F 353	to be up by 7:00 AM, get them up but there Continued interview of answer the call light of different times that date assistance with transition to provide bathing or explained she had be assistance with CNA #8 the pharmacy room content and normally constated, "the only reason until 12:30 [PM] was constated, "the only reason until 12:30 [PM] was constated, "I don't like peup at 7:00 [AM] not 12 there wet and I hate it awful, and I hate it" Interview with the DO the pharmacy room, we enough facility staff to the residents, the DO we've met everyone's Telephone interview we 9:35 AM, when questi resident care, stated, nurses on 7P -7A, Mo Tuesday we had 2 on	stated, "The residents want and nights are supposed to sisn't enough staff." confirmed the LPN did for Resident #17 on 3 by and did not provide fers and toileting, and failed dressing after the resident come incontinent. Son 6/10/15 at 2:40 PM in confirmed Resident #17 was natinent of urine. The CNA can she was wet and not up cause staff couldn't get to by so short [staffed]" Int #17 on 6/11/15 at 11:00 come confirmed she had to son 6/9/15. The resident eing on myself. I like to be 2:30 [PM]I just had to laymade me feel pitiful, Continued interview the resident "we're short N on 6/16/15 at 2:00 PM in when asked if there was a meet the required care for N stated "I can't say that needs" With LPN #10 on 6/10/15 at oned about staffing and "Sunday night there was 4 anday there was 3 and	F3	353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	445157	B. WING			06/16/2015
	NE AND HUGHES HLTH	CNTR		STREET ADDRESS, 200 STRAHL STRE FRANKLIN, TN 3		
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F 353	6/15/15 at 8:32 AM in and 6/15/15 at 2:02 P 124, stated, over the resident census of 95 call outs of staff on the needs of the resid less than 4 CNA. The scheduled 7:00 AM-7 AM-3:00 PM, and 1 CPM-7:00 PM. Interview supervisor came in from help CNA as did the AAM-2:00 PM. Interview found residents wet at could not assist since non-stop". Interview 25-30 residents to give timehave to start eastated, "I can't feed medication pass, may give a bite, give the magoing with self feeding medication pass done revealed, if had 3 CNA ice pass in 12 hours [of the break room on 2 massignment and check stated, "I touch all or do all twicenot ables than 4 techs [Certified Telephone interview with the control of the co	ered Nurse (RN) #1 on the 1st floor dining room, M in the hall outside room weekend of 6/13-14/15, and 94 respectively, due to e 7:00 AM-7:00 PM shift, lents could not be met with 1st floor had 2 CNA:00 PM, 1 CNA 7:00 NA was called in for 3:00 w stated, the evening LPN om 10:00 AM-2:00 PM to administrator from 9:00 ow revealed, RN #1 had not would tell the CNA but "1 West med pass is stated, "no way with e medications on rly" Further interview residents on 1 West due to go in with medications, edication and get them g but have to leave to get"Further interview A "were lucky to get one on weekends]" 2 on 6/15/15 at 2:45 PM in d floor, when asked about king and changing residents f them oncewould love to to do showers with less Nurse Aides]"	F	353		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/26/2015 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445157 B. WNG NAME OF PROVIDER OR SUPPLIER 06/16/2015 STREET ADDRESS, CITY, STATE, ZIP CODE CLAIBORNE AND HUGHES HLTH CNTR 200 STRAHL STREET FRANKLIN, TN 37064 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5)COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 353 Continued From page 73 F 353 doesn't happen soon...I don't know what's going to happen..." Interview with CNA #16 on 6/15/15 at 4:05 PM on 2 East hallway, when asked about providing resident care stated, "...work 3PM to 11 PM...this past weekend was a nightmare...was able to get 2 rounds done, but the first round every resident was a mess...soiled..." When asked if able to do showers per schedule stated, "...no...group is overloaded...can't do all the showers..." When asked about toileting residents, CNA #16 stated, "...during meals the residents have to wait to go to the bathroom..." F354 The facility will use the services of 483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, F 354 F 354 a registered nurse for at least 8 consecutive **FULL-TIME DON** SS=D hours a day, 7 days per week. Except when waived under paragraph (c) or (d) of Corrective Action this section, the facility must use the services of a Nurse Management reviewed schedule to registered nurse for at least 8 consecutive hours assure the 8 hours of RN coverage occurs 7 a day, 7 days a week. days per week. Except when waived under paragraph (c) or (d) of Method of Correction for all residents this section, the facility must designate a Facility is actively recruiting for RN registered nurse to serve as the director of Supervisor for other shifts to provide more nursing on a full time basis. than 8 hours day coverage. The director of nursing may serve as a charge nurse only when the facility has an average daily Staffing levels are reviewed daily with Nurse Management and Administrator to ensure occupancy of 60 or fewer residents. resident needs can be met. Weekly. Administration and Nurse Management will This REQUIREMENT is not met as evidenced review staffing needs for prior week and forecast needs for upcoming week to ensure Based on review of the facility Daily Staffing that adequate staffing levels are Assignment Sheets, and interview, the facility

failed to had a Registered Nurse on site for 8 consecutive hours daily for 4 of 30 days in April maintained.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	March 2017 Co. (1970)	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445157	B. WING		С	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	06/16/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION DATE	
F 364 SS=D	2015. The findings included Review of the 4/1-30/Assignment Sheets of to have a Registered consecutive hours da 26/15 with a resident respectively. Interview with the Dire 6/9/15 at 1:10 PM, in Administrator at 1:18 office, confirmed, the consecutive hours of 23, and 26/15. 483.35(d)(1)-(2) NUT PALATABLE/PREFEREACH resident receive food prepared by met value, flavor, and app palatable, attractive, attemperature. This REQUIREMENT by: Based on observation medical record review Cart Time Period/Mea facility failed to provid	15 Daily Staffing ocumented the facility failed Nurse (RN) on site for 8 ily for 4/13, 21, 23, and census of 96 and 98 ector of Nursing (DON), on the DON's office, and the PM, in the Administrator's facility failed to provide 8 RN services for 4/13, 21, RITIVE VALUE/APPEAR, R TEMP s and the facility provides hods that conserve nutritive earance; and food that is and at the proper is not met as evidenced n, test tray results, interview, and review of the Meal I Cart Times forms, the e food that was palatable erature for 2 (Resident #2, viewed	F 36	QAPI and monitoring Administration and Nurse Managemer review week's schedule in advance an audit for RN coverage of minimum of hours each day. Monthly calendar will maintained to document compliance. Compliance threshold is 100% and rewill be reported at regular QAPI meeti assess for any further interventions. Completion Date Review of week's schedule 06/09/15 Weekly meeting with Administration a Nurse Management to review schedule 06/21/15	ad 8 be sults ngs to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE	SURVEY PLETED
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		445157	B. WING	B. WING		06	/16/2015
	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		20	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STRAHL STREET RANKLIN, TN 37064	1 00	710/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	0594	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 364	resident mid-day meathe dietary department interview with the Cert (CDM) confirmed the degrees Fahrenheit (ISpaghetti was 194.5 Meatsauce was 176.8 Cauliflower was 183.6 Pureed Spaghetti was Pureed Meatsauce was Pureed Meatsauce was Pureed Cauliflower was Milk 40 F. Further observation realst floor contained at the test tray, left the depth of the 1 VPM; first resident tray the last resident tray the last resident tray and the last resident was 194.5 F/176.8 F); Cauliflower 105.4 F (Milk 53.7 F (an increase Further interview with PM confirmed the Spanot hot and the milk was interview stated "Ther pass the food so food Medical record review with PM confirmed the Spanot hot and the milk was interview stated "Ther pass the food so food Medical record review with PM confirmed the Spanot hot and the milk was interview stated "Ther pass the food so food	5 at 12:30 PM revealed the altray line was in process in ht. Further observation and tiffied Dietary Manager following temperatures, in F), on the tray line: F; B; C F; C S 210.5 F; C S 210.5 F; C S 200 F; C S 200 F; C S 201 F; S S 201 F; S S S S S S S S S S S S S S S S S S	F	Call the list in Mathematical Andrews on Fasting	Corrective Action Staff on each floor were educated on ocation of the microwave in each clearatility room and the importance of keen of food warm and cold food cool who serving residents. Staff were instructed inquire with residents able to answer it remperature was adequate if resident not eating food served. Method of Correction for all Residents all food carts to be assessed for ability hold heat and latches will be adjusted reduce opportunity for heat loss. Nurse staff to be reminded to keep food carts allowed when trays remain inside and to avoid serving resident trays unless a resident is in place to ready to eat. Milk service to be evaluated with storal milk cooler at a lower temperature and seeping milk on tray line in bulk. Seek assistance from food service sales repoptions. Dietary staff will be educated milk storage for cooler temps. Food Service Manager or designee will assess test tray food temps on the first second floor hall carts at a minimum of three times per week (one breakfast, unch, one dinner). Food Service Manage designee will randomly check trays in esident rooms for proper food	eping en d to f food was / to to ing doors o ge in d not ing for on	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 364	Cerebrovascular Accid Hypertension, Anemia Medical record review Data Set (MDS) dated Resident #2 had mode and required total asseating. Review of the Meal Ca 3/1/15, documented the scheduled to be delived PM. Observation and intended to the unit, revealed Coroom, had set up the massisting the resident was asked here. "it's cold" When CI had been reheated prilooked at Resident #2 me to heat it for you" Medical record review admitted to the facility including Dementia, Dresychosis, and Muscle Medical record review 4/4/15 documented Recognitive impairment at 1 person for eating.	dent, Obstructive Asthma, a, Depression, and Anxiety. of an Annual Minimum of 3/10/15 documented erate cognitive impairment istance of 1 person for art Time Period, updated the 2nd floor hall cart was ered to the floor at 12:20 view on 6/10/15 at 1:52 PM, after delivery of the trays eneal tray, and had started with the meal. When the low lunch was he stated, NA #3 was asked if the tray for to delivery, the CNA and stated, "do you want " revealed Resident #13 was on 8/25/11 with diagnoses ysphagia, Osteoporosis, e Weakness. of a Quarterly MDS dated esident #13 had severe and was total assistance of art Times revealed the 2nd was scheduled to be	F 364	F364 continued Nursing staff to be educated on the importance of keeping foods at right temperature to make them palatable. QAPI and monitoring Food Service manager or designee to audit tool that records date/time tray kitchen with temperature/time tray is from cart and temperature/ actions to Compliance will be reviewed weekly with threshold of 85%. Results and recommendations will be reported at regular QAPI meetings for further act Food Service Manager will monitor. Nursing staff will be asked to record in that are re-heated with a document pat the microwave of each floor. The Rivill have the following information recorded: resident name/ date/meal/time. Dieta Manager is responsible for maintaining record and retrieving information will all shared at the regular QAPI meeting for further need of interventions/education. This information will all shared at the regular QAPI meeting for further need of interventions/education. Completion Date Food carts modified 7/10/15 Dietary staff educated on milk services storage 7/6/15	leaves leaves tested aken. with ion. meals bosted ecord ary g the kly for so be or on.	

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5-400 00 N-500 TV . CV. 7	ROVIDER OR SUPPLIER NE AND HUGHES HLTH	CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STRAHL STREET FRANKLIN, TN 37064	06/16/2015	
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F 364	Observation on 6/4/18 minutes after delivery Resident #13's room meal tray and start to Continued observatio yellow substance on tresident if she wanted took a bite and then to #6 then placed a light spoon and asked the sausage. The resident said "no" CNA #6 oatmeal" and placed the resident ate it. Interview with CNA #6 hallway near room 23 Resident #13's meal is "she ate only a few asked if there was a near tray and start the resident at the sausage.	of the trays to the unit, in revealed CNA #6 set-up the feed the resident. In revealed CNA #6 placed a he spoon and asked the some eggs. Resident #13 urned her head away. CNA brown substance on the resident if she wanted some took one small bite and stated "let's try some doatmeal on the spoon and some and to on 6/4/15 at 3:02 PM in the 4, when asked about intake for breakfast, stated, bites of oatmeal" When incrowave available to	F 36	Nursing staff educated on use of micr for warming foods 7/15/15 Food temperature audits 7/14/15	owave	
	in the clean utility roor reheated the meal tray resident, CNA #6 state 483.35(d)(3) FOOD IN INDIVIDUAL NEEDS Each resident receive food prepared in a for individual needs. This REQUIREMENT by: Based on observation	ed, "noI didn't" I FORM TO MEET s and the facility provides m designed to meet is not met as evidenced n and interview, the facility eferences for 3 (Resident	F 36	F365 Each resident will receive for prepared in a form designed to meet individual needs	od	

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F 365	admitted to the facility including Peripheral Nelow the Knee Ampuly Hypertension. Interview with Reside in the resident's room was stated, "the foo about 30 minutes from down here" Continuates resident was still recessuch as sandwiches a barbeque sauce on the "I can't tolerate a hesandwiches but they soccasionI want butte supper but they tell me Medical record review Notes dated 2/4/15 rewith the resident's food president was cognitive. Review of the resident documented dislikes wand the resident had I added to the list of disliked including Dementia, Hoysphagia, Hallucinat Depression.	revealed Resident #9 was on 12/12/14 with diagnoses /ascular Disease, Bilateral utee, Muscle Weakness and int #9 on 6/4/15 at 9:22 AM when asked how the food d is fair, and it's not hot. It's in the kitchen until it gets ed interview revealed the iving food that she dislikes and pork chops with item. The resident stated, avy diet, nothing spicy, no still bring it to me on ermilk with my lunch and e they're all out" To f the Dietary Progress wealed the dietician spoke ughter by phone to obtain eferences although the ely intact. It's meal card dated 6/11/15 were spicy food, sandwich, and written "salads" to be likes. It revealed Resident #15 was on 6/14/13 with diagnoses by pertension, Oral	F3	Corrective Action Residents their food preferences review the resident or their family at cards were modified. Dietary on the tray line were re-educinportance of reviewing tray resident likes and dislikes as being prepared. Education do Method of Correction for all F Dietary Manager or designees update as needed all food promake adjustment to tray tick tray line staff when changes a preferences will be reviewed annual MDS/Care plan review QAPI and monitoring Dietary Manager will utilize at line which measures complian accuracy. The audit includes a served/resident name/ tray ti accurately. Compliance thresh 85% and results will be report QAPI meetings with need for education or follow up. Completion date Residents 9/ preferences reviewed and up 7/15/15 Dietary staff educated tray tick 106/24/15	ved with eith nd their diet staff who we wated on the tickets for meals are ocumented. Residents so to review a seferences are ets informinare made. For and updated of vor as need udit tool at the need with tradate/time/micket served hold will be reted at regulfurther vor dated	and and good dat led.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/26/2015 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. <u>0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445157 B. WNG NAME OF PROVIDER OR SUPPLIER 06/16/2015 STREET ADDRESS, CITY, STATE, ZIP CODE CLAIBORNE AND HUGHES HLTH CNTR 200 STRAHL STREET FRANKLIN, TN 37064 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION **PREFIX** PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 365 Continued From page 79 F 365 dated MDS 6/3/15 documented the resident had F365 continued short and long term memory loss, was totally Tray ticket accuracy audits 7/10/15 dependent and required assistance from 1 person for eating. Observation of Resident #15 on 6/3/15 at 12:55 PM in the first floor dining room revealed the resident was seated in a reclining geri-chair, and had just finished being assisted with her lunch by the Activities Director. The resident was served spaghetti, cauliflower, and chocolate cake and the resident's meal card indicated her dislikes as pasta and cauliflower. Medical record review revealed Resident #17 was admitted to the facility on 1/31/08 with diagnoses including History of a Cerebral Vascular Accident resulting in Left Sided Hemiplegia, Chronic Cervical Pain, Chronic Obstructive Pulmonary Disease, Diabetes, and Anxiety. Review of the Quarterly MDS dated 4/12/15 documented the resident was cognitively intact. Observation on 6/3/15 at 12:36 PM in the 1st floor dining room revealed Resident #17 had just finished her lunch and was propelling self out of the dining room in her electric wheelchair (WC). Observation of the meal card under "dislikes" was listed cauliflower. The resident had been served fish, bread, cauliflower and cake. All of the bread and cake had been eaten, half of the fish was eaten, and none of the cauliflower had been eaten Interview with the resident on 6/3/15 at 12:37 PM in the doorway of the 1st floor dining room stated she was served "dislikes" regularly. The resident

stated, "... You should just wait and see, I don't

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	want carrots either, but 483.35(d)(4) SUBSTIT NUTRITIVE VALUE Each resident receives substitutes offered of stresidents who refuse for this REQUIREMENT by: Based on facility policy review, observation, and failed to offer a food sure of 17 residents reviewed The findings included: Review of an undated of Substitutions, revealed reasonable substitution accommodate know for appetites of individual redictions. And the facility of including Acute Asthmat Cerebrovascular Accide Hypertension, Anemia, Anxiety. Medical record review of Medical record review of Anxiety.	TUTES OF SIMILAR s and the facility provides similar nutritive value to bood served. is not met as evidenced by review, medical record and interview, the facility bestitute to 1 (Resident #2) and. facility policy "Menu do "appropriate and should be offered to bood habits, customs, and esidents" evealed Resident #2 was an 12/27/12 with diagnoses tic Bronchitis, ant, Obstructive Asthma, Obesity, Depression, and	F 36	5 F366 Each resident w	vill receive hilar nutritive vood served. ent #2 was equest a substate being served with resident to the service which personal which prions for ducated on a resident are discovered in the family counce will make room at a creviewed in the residents were they are avertimed and to residents were they are avertimed to residents were they are avertimed and to residents were they are avertimed and to residents were they are avertimed and to residents were they are avertimed as a service were the s	value titute o ed in not et ot uncil.	
	Data Set dated 3/10/15 had moderate cognitive total assistance of 1 per Observation and intervie	documented Resident #2 impairment and required		QAPI and monitoring Dietary manager or design	nee will condu	ıct	

F366 continued Provider 445157 Claiborne and Hughes Survey 6/16/15

random audits weekly until compliance is met then monitoring will be monthly to assure continued compliance in the dining rooms and in rooms where residents eat in their rooms. Audit will include resident name/date/ meal served/ if meal is being eaten/ were alternates offered/was resident aware. When residents state no alternates were offered, documented education is to be provided to the staff who assisted in meal service. Compliance threshold will be 80% and will be reported at regular QAPI meetings for need of further education or modifications. Dietary Manager to monitor.

Completion Date alternates Staff educated on menu 6/19/15

Menu alternate sheets made available in resident rooms **7/14/15**

Alternate menu audits 7/14/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/26/2015 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445157 C B. WING NAME OF PROVIDER OR SUPPLIER 06/16/2015 STREET ADDRESS, CITY, STATE, ZIP CODE CLAIBORNE AND HUGHES HLTH CNTR 200 STRAHL STREET FRANKLIN, TN 37064 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 366 Continued From page 81 F 366 in bed, awake and alert. Continued observation revealed a meal tray sitting on the over bed table with a small portion of a biscuit and ham eaten and no other foods had been eaten. When Resident #2 was asked why he had not eaten, he stated "...don't like what they send..." Certified Nursing Aide (CNA) #1 was in the resident's room and stated "...he took a bite of the ham biscuit...said it was too hard...he don't have no teeth..." When CNA #1 was asked if any other foods had been offered, CNA #1 stated, "...no..." F465 The facility will provide a safe F 465 483.70(h) F 465 SAFE/FUNCTIONAL/SANITARY/COMFORTABL environment for residents. SS=D **E ENVIRON** Corrective Action Smoking Courtyard The facility must provide a safe, functional, pavement was modified to provide safer access and smoking area was rearranged to sanitary, and comfortable environment for residents, staff and the public. avoid any further safety concerns. Method of correction for all residents This REQUIREMENT is not met as evidenced All residents who smoke have been by: instructed on the revised smoking area and Based on observation and interview, the facility staff have been instructed to report any failed to maintain a safe outdoor smoking area for safety concerns from the modifications. 1 of 1 designated resident outdoor smoking area. **QAPI** and monitoring Activity The findings included: Director will monitor weekly the outdoor smoking garden for any safety concerns and Observation of the facility designated resident report immediately to Maintenance Director. outdoor smoking area on 6/4/15 at 8:45 AM, Proper documentation of audit findings revealed 2 residents seated in the paved area of which include date/time/concerns viewed the smoking courtyard, and 1 facility staff. will be presented at regular OAPI meetings Further observation revealed an uneven area of for any need of modification or concern the pavement which was cracked and elevated Compliance threshold is 100%. above the rest of the pavement. Interview with the Activity Assistant, on 6/4/15 at 8:48 AM, in the outdoor smoking area stated the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 465	smoking area pavement while." Continued interview spotential safety hazar Continued interview resupervised by the state Interview with the Main 1st floor Nursing Superarea was cracked when with the facility 7 moninterview stated the upavement at one time prevent access. Interview with the Adn PM, at the 1 West nupavement in the smoke	ent had been cracked for "a prview stated at one time or caution tape used to block it had been removed. It tated the raised area was a dot to the residents. It is evealed the residents were off when outside smoking. Intenance Supervisor, in the envision office on 6/4/15 at a sevement in the smoking en he became employed this ago. Continued neven section of the	F 4	Completion Date Smoking area modified 06/19/ Activity Director audits begin 07			
F 514 SS=D	RECORDS-COMPLE LE The facility must main resident in accordance standards and practic accurately documente systematically organiz The clinical record muinformation to identify	tain clinical records on each with accepted professional es that are complete; d; readily accessible; and ed. st contain sufficient the resident; a record of the es; the plan of care and	F 5	F514 The facility will maintain records on each resident that are documented Corrective Action Staff providing residents #14 and 15 were couns educated on inaccurate documen falsification of records.	care to		

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F 514	Continued From page	e 83	F 514	1		
		ing conducted by the State;				
	and progress notes.	ing conducted by the citate,	FE-1			
			F51	4 continued		
			Mot	J		
	This REQUIREMENT	Γ is not met as evidenced	All r	hod of Correction for all Resident	<u>:s</u>	
	by:		edu	nursing personnel to be provided	with	
		ecord review, observation,	doc	cation on falsification/ inaccurateumentation.	é E	
		he Bath/Shower Schedule,		se Management or their designee	اللبرجة	
		L (Activities of Daily Living)	pull	up Care Tracker audits on bathin	S WIII	
		facility failed to maintain ords for meal intakes for 2	mea	consumption weekly and compa	y anu ero	22
		5) of 17 residents reviewed.	docı	mented information pulled from	meal	
	(Moddon III III III III III	5) of 17 residents reviewed.	servi	ices and bath schedules. Inaccur	ate	
	The findings included	i:	docu	imentation will result in disciplina	arv	
	2.5 (20) 34 (27) 3 (3) (4) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (5		actio	η/education for employees.		
		v revealed Resident #14 was	Audi	ts of meal intake will be conducted	ed	
		y on 8/6/14 with diagnoses	rand	omly by Nursing Management or	their	
		, Dementia with Behaviors,	desig	nee at three different meals each	า week	
	Gait Difficulties, Musc	le Weakness and	tore	breakfast, one lunch and one d	inner)	
	Depression.		resid	cord actual meal intake of five di	fferent	
	Review of the Quarte	rly Minimum Data Set	Track	ent in the facility and compare to ser documentation. The audit will	Care	
	(MDS) dated 2/15/15	documented the resident	resid	ent name/date/ meal/Manageme	snow	
		ely impaired and required	recor	ded percent/Care Tracker record	int od	
	limited assistance from		perce	ent. Nurse Management will revie	ea w for	
			need	of discipline/education of staff.	:W 101	
	Observation on 6/8/15		307260037800000	and a second of second		
		aled the resident was in the	Bath	audits will be checked against rec	orded	
		kfast tray was on the over	baths	showers given for accurate		
		of her. The resident's head	inforn	nation. The audit will show reside	ent	
		right upper side rail. Milk	name	date/ meal/Management verification	ation	
		od and on the tray. The	of bat	thing/Care Tracker recorded bath	ina.	
	resident was patting to	the food with her hands.	Nurse	Management will review for nee	ed of	
		pepper on her gown, both The resident was alone,	discip	line/education of staff.		
		sting her. CNA #5 entered				
		and removed the uneaten				
	breakfast tray.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 514	Medical record review Report dated 6/8/15 d consumed 50% of the	of the Meal Intake Detail ocumented the resident breakfast meal, when in	F 514	QAPI and monitoring	andust	
	the pharmacy room co not eat any of the food 6/8/15, and the docum Medical record review admitted to the facility including Dementia, A	on 6/10/15 at 2:40 PM in onfirmed the resident did d on the breakfast tray on hentation was not correct. revealed Resident #15 was on 6/14/13 with diagnoses bnormal Posture, rephagia, Hallucinations,		Nurse Management or designee will coaudits and compile data for compliance Compliance threshold will be 80% for bathing documentation and 80% for rintake documentation and will be reported at regular QAPI meetings with need for education or modifications reported as Nurse Management to monitor. Completion Date Staff educated on documentation of	neal orted	
	Review of the Annual documented the residememory impairment, we required assistance from Medical record review Schedule dated 5/6/15 was to receive a show Thursday and Saturdate Review of the ADL Flot through 6/11/15 documenceived a shower 9 till Interview with CNA #1 the pharmacy room conot receiving showers shower room was too	MDS dated 6/3/15 ent had long and short term vas totally dependent and om 1 person for bathing. of the Bath/Shower 5 revealed Resident #15 er every Tuesday, ey. ow Sheet Log dated 5/1/15 mented the resident mes during this time frame. O on 6/10/15 at 2:40 PM in onfirmed the resident was as documented, as the small to accommodate a the resident cannot tolerate		accurate information 7/10/15 Audits of meal intake and bath documentation 07/16/15		